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ABSTRACT

This booklet is intended to inform (not advise) older Kansans about eligibility requirements and benefits provided by state and federal programs. Financial assistance programs discussed are Social Security, railroad retirements, veterans' benefits, unrestricted general assistance, Employee Retirement Income Security Act, food stamps, Low Income Energy Assistance, and weatherization. Health care programs outlined include Medicare, Medicaid, veterans' benefits, private insurance, Hill-Burton funds, and senior dental care. Housing information is provided about renting, public and private subsidized housing, homesharing, Continuing Care Retirement Community, extended family, nursing homes, alternatives to nursing home placement, and multi-purpose senior centers. Tax relief programs described are food sales tax refunds, homestead tax refunds, intangibles tax exemption, and federal tax benefits, credits, and refunds. Consumer topics addressed are deceptive and unconscionable practices, contracts, mail solicitation, warranty laws, funeral plans, utility users' rights, and consumer protection agencies. Rights are summarized regarding age discrimination, grandparents' rights, small claims, living wills, protective services, power of attorney, guardianship, and conservatorship. Estate planning information covers probate, wills, estate and inheritance taxes, trusts, payable on death accounts, and real estate transfers. Guidelines for seeking legal assistance are given. Relevant maps, agency addresses and telephone numbers, and checklists for evaluating a nursing home are appended. (NEC)

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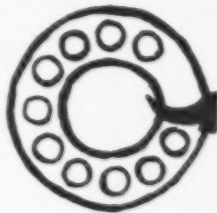
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Legal Guide for Senior Citizens



laws and programs affecting Kansas senior citizens

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Kansas Department on Aging

PREFACE

This booklet was printed and distributed by the Advocacy Assistance Section, Kansas Department on Aging, through funds from the Older Americans Act, Title IV-C.

Judith A. Hollinger, an attorney with the Kansas Department on Aging, wrote most of the articles and edited the booklet. Maryanne Esteban, a law student at Washburn University, assisted in researching the material and producing the booklet. The Kansas Department on Aging acknowledges the valuable assistance of the various state and federal agencies which provided information about their programs for older Kansans.

September, 1984

Kansas Department on Aging
610 West 10th Street
Topeka, Kansas 66612

John Carlin, Governor
Sylvia Hougland, Secretary

INTRODUCTION

This booklet, based on Kansas law, is published to *inform* older Kansans about various legal matters, not to *advise* specific individuals. For advice about how these laws apply to your specific situation, you should consult an attorney. The Legal Services Projects for older Kansans listed in the Appendix can provide advice on many of these matters at no charge.

You should be aware that this booklet explains many laws and programs that are subject to change at any time. Eligibility for and the amount of benefits provided by the various public benefit programs frequently change. Throughout the booklet you will find information about agencies to contact for the most current information.

In the provision of any services funded under the Older Americans Act no person shall be discriminated against on the basis of race, color, national origin or handicap.

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FINANCIAL ASSISTANCE

A. SOCIAL SECURITY

1. Introduction

Social Security has become a general term for a number of related programs—retirement, disability, and dependents' and survivors' benefits. All these programs are designed to operate together to provide you and your family with some income when your normal flow of income shrinks because of retirement, disability or death. While the Social Security system does provide a supplement to income, savings, and other assets it does not, standing alone, provide adequate financial "security".

Each part of Social Security has its own set of rules and payment schedules. But all of the programs have one thing in common: benefits are paid based on your average wages in jobs covered by Social Security.

There are three basic categories of benefits under Social Security: retirement, disability and dependent/survivor benefits. You may qualify for more than one type of benefit. Under Social Security rules, however, you can only collect one of the benefits—whichever is larger.

2. Retirement Benefits

a. Eligibility

In order to be eligible for any amount of retirement benefits you must have reached a certain "insured" status, meaning you must have earned enough WORK CREDITS. Work credits are determined by the number of quarters you have worked from 1936 to retirement. You must have been employed for as many quarters as there are years between 1950 and the year you reach age 62.

Prior to 1978 you received credit for one quarter if you earned at least \$50. Beginning in 1978 quarters of coverage are figured on a different basis. You earn one quarter of coverage for

every \$250 earned in 1978; for every \$260 earned in 1979; for every \$290 in 1980; for every \$310 in 1981; for every \$340 in 1982; for every \$370 in 1983; and for every \$390 in 1984.

Generally you will not qualify for benefits if you have not earned 6 quarters of work credit. Even if you don't have enough work credits to be fully insured now you may be able to work part-time for awhile and earn enough extra quarters of credit to enable you to reach the "insured" status.

The maximum credit you can receive in any year is four quarters, no matter how much money you earn. Although you can only earn 4 quarters of work credit in any calendar year, the amount of benefits you ultimately receive will be based on your total earnings over the years.

b. Benefits

You first become eligible to claim retirement benefits when you turn age 62. If you do retire at age 62 your monthly benefit payment will be considerably less than if you wait until age 65 or later. The reduction in monthly benefits is permanent; they do not increase to the full amount when you turn age 65.

You can also wait until after age 65 and claim a delayed retirement. If you do this you will receive permanently higher monthly benefits than if you had retired at age 65.

The amount of your retirement check will depend on your earnings record. Several months before your 62nd birthday you should ask for an estimate of your benefits if you retire at age 62, age 65 or any age in-between.

You should also double-check your official work record every 2 or 3 years. Do this by filling out a "Request for Social Security Statement of Earnings" form, available at the Social Security office. If you do not agree with the statement, notify the Social Security office. Ask that cor-

rections be made by filling out a "Request for Correction in Earnings Record" form.

c. Working After Retirement

If you do plan to work after retirement you must be aware that the money you earn may cause a reduction in the amount of your retirement check. Until you reach age 70 the Social Security Administration will subtract money from your retirement check if you have a substantial earned income.

If you are between 62 and 65 you are permitted to earn \$5400 per year without having your benefits reduced. If you are between 65 and 70 the limit is \$7320 per year. After reaching either of these limits you will have one dollar of your retirement benefits taken away for each two dollars you earn over the maximum allowed. Once you reach age 70 you may earn as much as you want without any reduction in benefits.

3. Disability Benefits

a. Eligibility

Just as with other Social Security benefits, disability benefits are only paid to you and your family when you have enough work credits to qualify. Work credits for disability are figured in exactly the same way as for retirement benefits. (See Section 2(a)).

The number of work credits you need to qualify for disability benefits depends on your age when you become disabled. If you become disabled at age 31 or later you must have earned at least 20 quarters of work credit within 10 years before you became disabled. There are special rules, however, for blindness disability and younger disabled workers.

In order to receive benefits:

1. You must have a physical or mental IMPAIRMENT;
2. the impairment must prevent you from doing any SUBSTANTIAL GAINFUL ACTIVITY; and

3. the disability must be expected to LAST AT LEAST 12 MONTHS OR RESULT IN DEATH.

When you file your disability claim you should bring letters from your doctors, hospitals, or clinics which describe the medical condition. These letters should also state that your disability is either expected to last, or has lasted, 12 months or that it will result in death.

Even though the disability must be expected to last 12 months you don't have to wait for 12 months before applying. As soon as the condition is disabling and a doctor can predict that it is expected to last a year, you may qualify for benefits.

b. Benefits

The amount of your monthly disability check is determined by your age and earnings record. If you receive only a small disability benefit and you do not have a large amount of savings or other assets, you may be eligible for Supplemental Security Income benefits (SSI) in addition to the Social Security disability benefit. (See Section A.5. for information on SSI).

There is no rule which reduces your disability benefit check by the amount of income you earn while disabled. But if you earn enough regular income you might not be considered disabled any longer and lose your disability eligibility altogether.

After you have been collecting disability benefits for 24 months you become eligible for MEDICARE PART A coverage even though you may not be old enough to be covered under the regular Medicare rules. (See Section II.A.2). You will receive information about this several months before coverage starts.

You must wait 5 full months from the date your disability begins before payments will be sent. If you delayed submitting your application at least 5 months, benefits may begin as soon as the application is processed. There are special situations where this 5-month period will not be

necessary. If you qualify for Supplemental Security Income (see A.5.) you may get these benefits during this 5-month waiting period.

c. When Benefits End

If your medical condition improves and you go back to work your disability eligibility will end. Even if you don't go back to work voluntarily, Social Security will review your case periodically to determine whether your condition has improved enough for you to go back to work.

If Social Security decides to end your disability checks you will receive your regular payment for an ADJUSTMENT PERIOD of up to 3 months.

d. Trial Work Period

A TRIAL WORK PERIOD allows you to try out some kind of gainful employment while still getting your full disability benefits. You may use up to 9 months to test your ability to return to work. During these months you may keep both the income you earn and your full disability benefits.

At the end of the trial work period a decision will be made as to whether you have been doing "substantial gainful activity". If so, benefits terminate after the 3-month adjustment period. If not, you will continue to receive disability benefits. You are also allowed an additional 15-month REENTITLEMENT PERIOD to continue to test your ability to work.

4. Dependents' and Survivors' Benefits

a. Dependents' Benefits

Certain dependents are eligible for monthly dependents' benefits if you are eligible for retirement or disability benefits. Among those eligible for benefits are:

- a) spouse age 62 or older;
- b) disabled spouse under age 62;
- c) divorced spouse over age 62 if the marriage lasted at least 10 years; and
- d) unmarried children under age 18.

The amount of benefits paid to dependents is determined by your earnings record. A dependent's benefits will be reduced \$1.00 for every \$2.00 of income earned by the dependent which exceeds the yearly maximum.

b. Survivors' Benefits

Your surviving family members may be entitled to benefits if you had earned enough work credits at the time of your death. However, not every surviving family member can collect these benefits. Among those eligible are:

- a) surviving spouse age 60 or older;
- b) disabled surviving spouse age 50 or older;
- c) surviving spouse at any age if caring for your minor or disabled child;
- d) surviving divorced spouse age 60 or older;
- e) disabled surviving divorced spouse age 50 or older;
- f) surviving divorced spouse at any age if caring for your minor or disabled child; and
- g) unmarried dependent children or grandchildren.

The amount of benefits vary according to how much you were entitled to receive and whether benefits are being claimed as a spouse, child, grandchild, etc.

In addition to the monthly survivors' benefit, some members of the family may also receive a one-time payment (currently \$255) intended to help with funeral or burial expenses.

5. Supplemental Security Income

The Supplemental Security Income (SSI) program is also administered by the Social Security Administration although it is not a part of the Social Security program. SSI is designed to provide a basic monthly income if you are:

- a) blind
- b) disabled, or
- c) over age 65

and are in need of financial assistance. Unlike Social Security you can get SSI checks even if you have never worked or do not qualify for Social Security. SSI benefits are paid only to you; your dependents or survivors cannot qualify for benefits. If you live in a city or county rest home or other public institution you will generally not be eligible for SSI payments.

a. Eligibility

If you fit into one of the above 3 categories you must then meet the NEEDS TEST which has two parts: an income test and a resource test.

Income Test: Your monthly income must be below the maximum SSI cash benefit (\$325 per month for individuals and \$488 per month for couples). Income which is counted includes both earned income (money you receive from working) and unearned income, such as Social Security checks, veterans' benefits, unemployment compensation, and dividends.

There are numerous items which are not counted toward this income limit, including \$20 per month of either earned or unearned income, \$65 per month of earned income, and one half of all earned income over \$65 per month.

Resource Test: There is also a dollar limit on the value of your possessions. Cash or property which can easily be sold for cash cannot exceed \$1600 for an individual or \$2400 for a couple even if only one member of a couple is eligible. These amounts will increase gradually over the next 5 years until the amounts are \$2000 for individuals and \$3000 for couples in January, 1989. Certain resources are not counted toward this amount, such as your home, personal property with total equity of \$2000 or less, your car (if worth less than \$4500) and \$1500 of life insurance.

Even if your countable assets appear to be over the limits it is still possible for you to qualify for some SSI benefits. You may begin to receive

SSI payments if you agree to sell (or spend) enough of your property to bring you under the limits within a certain time period.

b. Disability

If you are basing your claim for SSI benefits on disability you must also meet the standards for being disabled:

1. a physical or mental impairment;
2. the impairment prevents you from doing substantial gainful activity; and
3. the disability must be expected to last 12 months or result in death.

As with Social Security disability benefits you can test your ability to work for 9 months while continuing to receive SSI payments. If at the end of this 9-month period you are no longer disabled because you are doing substantial gainful activity you will get checks for the 3-month ADJUSTMENT PERIOD before benefits stop.

Your case will also be referred to a vocational rehabilitation agency for evaluation. If the agency determines you will benefit from training you must accept the training or lose your benefits.

c. Benefits

Basic benefits under SSI are monthly cash benefits. The amounts change each January to reflect increases in the cost of living. You may have your benefits reduced if your income exceeds the limits established for this program. If you live in a public or private health facility and Medicaid is paying more than one half the cost of your care, your SSI payment is limited to no more than \$25 per month.

Because of the many requirements you must meet in order to receive SSI, it is important that you notify your caseworker of any changes in income, resources, marital status, and household or living arrangements.

If you qualify for SSI you may also be eligible for other benefit programs. You will qualify for

Medicaid (see Section II.B.) and may receive homemaker services, rehabilitative services, out-of-home care, and food stamps (see Section I.F.).

If a financial emergency exists you may be able to get an emergency advancement payment from the Social Security office.

6. Applying for and Receiving Benefits

a. Making Application

General questions about claims or benefits for all of the above programs can be answered over the telephone. Social Security has a toll-free number 1-800-432-3960 which you may call in addition to your local Social Security office.

Always make a formal written claim for every benefit to which you think you may be entitled. The only way to fully protect your right to claim a particular benefit or to appeal the denial of a benefit is to make a written claim and receive a written decision.

Among the papers you may need when you apply are your Social Security card, proof of your age, your Form W-2 for the last two years, and doctors' names and addresses if applying for disability benefits.

When you submit papers to the Social Security office always attach your claim number to each paper you submit and always keep a copy of every form, paper, or document you submit.

b. Direct Deposit

If you do receive Social Security benefits it is easy to arrange for your benefit checks to be sent directly to your bank, savings and loan, or other financial institution. Ask your financial officer how it handles direct deposits and if there is a charge for the service. There is a form to be filled out from the Social Security Administration in order to authorize direct deposit.

c. Representative Payee

If you are unable to handle your financial affairs, a relative, friend, or nursing home can request

that payments be made to them for your benefit. This request must be accompanied by positive evidence of your inability to manage your funds, usually in the form of a doctor's statement.

d. Taxable Income

Beginning in 1984 up to one half of your Social Security benefits may be included in taxable income. If your income from certain sources exceeds \$25,000 (or \$32,000 if you file a joint return) you should keep track of the Social Security benefits you receive to make tax return preparation easier.

7. Appeals

Social Security will notify you in writing whether or not your application or claim has been approved, how much you will receive, and when you will get your first check.

If your claim has been denied or if your claim has been accepted for less benefits than you think you are entitled to, you have a right to appeal that decision.

In many cases you will not need assistance in preparing or presenting your appeal, particularly early in the stages of appeal. But if your appeal is complicated, and particularly if it involves medical issues, you may want to get some advice or even formal legal representation. You are entitled to have a lawyer or nonlawyer representative with you at all stages of your appeal.

a. Reconsideration

The first formal step is to file a written request for reconsideration of the initial determination of your claim. At this stage there is no formal hearing or opportunity to make an appeal in person to the Social Security worker.

b. Administrative Hearing

If your claim is denied at the first stage of appeal you may request a formal administrative hearing. You must file a written request and also have the right to examine your file at the Social Security office to see that all the papers you

have filed are in the file. An administrative law judge will preside and everything that is said or done in the hearing will be recorded. You may present any evidence you would like the judge to consider.

c. Appeals Council

If your appeal is denied by the administrative law judge your next step is to file a written appeal with the Social Security Administrative Appeals Council.

d. Lawsuit

The last step available after exhausting all of the Social Security appeals procedure is to bring a lawsuit against the Social Security Administration in federal district court.

If you win your appeal at any of the four stages the changes will be effective from the date of your application, reduction or termination.

B. Railroad Retirement

1. Introduction

In general the coverage of the Railroad Retirement system is quite similar to Social Security system coverage. The Railroad Retirement system provides retirement, disability, and survivors' benefits under rules approximately the same as for Social Security. There is also a supplemental retirement annuity and, for some people, the possibility of collecting both Railroad Retirement and Social Security benefits.

2. Retirement Benefits

You must have a minimum of 10 years employment on jobs covered by the Railroad Retirement system to be eligible for retirement benefits. If you do, you may claim retirement at age 65. You may also take early retirement at any time between age 62 and 65. However early retirement means permanently reduced benefits. If you have 30 or more years employment in

covered railroad jobs you are eligible for benefits at age 60. These benefits will also be reduced if you begin receiving them before age 62 (unless you reach age 60 before 7-1-84).

If you work less than 10 years in a job covered by the Railroad Retirement System the years will be credited to your regular Social Security retirement account.

3. Disability Benefits

There are two types of disability benefits under the Railroad Retirement Act. Both require a 5-month waiting period before the benefits will begin.

OCCUPATIONAL DISABILITY benefits are available at age 60 if you have at least 10 years of railroad service, or at any age if you have at least 20 years of service. An occupational disability is one that prevents you from performing your job with the railroad. It does not necessarily prevent you from working at some other kind of job.

TOTAL DISABILITY benefits are available at any age if you have become permanently disabled and have at least 10 years of railroad service. Total disability means that you must be unable to perform any kind of substantial gainful employment.

If you have worked enough years in jobs covered by Social Security to qualify for Social Security disability benefits you should apply for both types of disability benefits. In some situations your benefits may be higher under Social Security.

4. Supplemental Annuities

The Railroad Retirement system has an "added bonus" for long-time railroad workers. If you are 60 years old and have at least 30 years of service, or if you are 65 and have between 25-29 years of service you may qualify for the Supplemental Annuity. You will receive an extra monthly amount based on your years of service.

5. *Spouse Annuities*

If you are receiving benefits due to retirement your spouse may also be eligible for an annuity. The age at which your spouse can begin receiving benefits depends on your age, date of retirement, and number of years of railroad service.

An annuity may also be payable to your divorced spouse if the marriage lasted at least 10 years, both of you are 62 or older, and your ex-spouse has not remarried at the time application is made for benefits.

6. *Survivors' Benefits*

Annuities are payable to widows, widowers, and unmarried children. In certain cases benefits are also payable to parents, remarried widow(er)s, grandchildren and surviving divorced spouses. With the exception of a lump-sum residual death benefit, eligibility depends on whether or not you were "insured" under the Railroad Retirement Act at the time of death. You are "insured" if you have at least 10 years of railroad service and worked in 12 of the last 30 months preceding death. If you do not meet these qualifications your work record is transferred to the Social Security Administration for determining survivor benefits under that program.

7. *Applying for Benefits*

Application for any benefit may be made at the local office of the Railroad Retirement board. Offices in Kansas are located in Topeka and Wichita. The offices have all the forms necessary for each type of claim and will tell you what papers you need to attach to your application.

8. *Appeals*

The Bureau of Retirement Claims will rule on your application and notify you in writing of its decision. If you want to appeal the decision, you must ask for a RECONSIDERATION. If you are not satisfied with that decision you may APPEAL to the Bureau of Hearings on Appeals. It

is possible for you to file a LAWSUIT in federal court challenging the Board's decision.

C. **VETERANS' BENEFITS**

1. *Introduction*

In addition to the pensions and benefits to which you may be entitled because of both public and private employment, you may also be eligible for certain benefits based on your military service.

The Veterans Administration operates a number of programs providing financial, medical, and other assistance to veterans. Help with housing, job-training and counseling may also be available. But for older Americans who received an honorable or general discharge there are 3 major benefit programs:

- 1) disability compensation;
- 2) veterans' pensions; and
- 3) free or low-cost medical care through VA hospitals and medical facilities. (See Section II—Health Care, Part C)

2. *Disability Compensation*

You may be eligible for compensation if you were wounded, injured or became ill while on active duty in the Armed Forces. Pre-existing injuries or illnesses which were aggravated by military service are also covered. Although most service-connected disabilities show up during or soon after military service there are some conditions that either did not appear at all or appeared but were not too "disabling" until many years after you got out of the service. In either case you should apply for disability benefits or for an upgrading of an already existing disability rating.

The amount of your disability compensation depends on the seriousness of your disability. When you apply for disability compensation your medical records are examined and usually you have a VA medical examination. Your disability is rated and expressed as a percentage.

The monthly payment you receive is based on this percentage.

If you have dependents an additional allowance may be added if your disability is over 30%. An allowance for clothing and transportation is available if certain requirements are met.

3. *Pension Benefits*

A monthly cash pension benefit is available if you are a wartime veteran with limited income and a permanent and total disability. The disability does not have to be service-connected but it can not be the result of your wilful misconduct. Veterans who are at least 65 years old and not working are considered permanently and totally disabled.

The pension is based on need. You must be financially needy as determined primarily by your current income. Your savings or other assets are not generally considered. The amount of your pension will depend on how much income and how many dependents you have. These amounts are reduced if you have current income, including any Social Security benefits. The benefit may be higher if you reside in a nursing home, require someone's regular assistance, or are permanently housebound.

4. *Dependency and Indemnity Compensation (DIC)*

Your surviving spouse, children under 18, and in some situations your parents, may be eligible for compensation when your death results from either a service-connected disability or non-service-connected disability.

5. *Applying For Benefits*

Applications for all the programs and benefits can be made through a local VA office. For assistance write, call or visit a Veteran's Benefit Counselor at the nearest VA office. The regional office is located in Wichita with other offices in Leavenworth and Topeka. You may call the VA office on the toll-free number 1-800-362-2444. If

you reside in Kansas City, call 432-1650; Topeka, call 357-5301; and Wichita, call 264-9123.

6. *Appeals*

Like other federal benefits programs, decisions of the Veterans Administration concerning benefit eligibility can be appealed. Your initial step is to file a "Notice of Disagreement" form. These forms are available from the VA office as well as a brochure which outlines the appeals procedure.

D. **GENERAL ASSISTANCE—UNRESTRICTED (GAU)**

1. *Introduction*

GAU is a state-funded program for persons in need who are not eligible for any other public benefits.

2. *Eligibility*

Your nonexempt income and other resources must be insufficient to meet your financial needs. Assistance is limited to you and your family if *all* legally responsible adult members meet one of the following criteria:

- a) at least 51 years old,
- b) must stay at home to care for another family member whose medical condition does not permit self care,
- c) medically or psychologically determined to be mentally retarded,
- d) medically determined to be physically incapacitated for at least 30 days and unable to work,
- e) psychologically or medically determined to be mentally ill and unable to work,
- f) reside in an alcohol or drug abuse facility,
- g) participate in a vocational rehabilitation program,

- h) have minor children and are not voluntarily unavailable for work.

3. Resources

There are limits on both the amount of income and amount of resources you may own. Gross income cannot exceed 150% of an established standard. Resources not included in your eligibility determination include your home; \$1,000 of assets; the value of one vehicle up to \$1,500; and household equipment and furnishings, personal effects, and tools.

4. Applying for Benefits

Cash payments are based on a pre-determined allowance for basic needs and shelter. The number of persons eligible for assistance in your household is used to determine the cash payment you will receive.

Further information and assistance in applying for benefits can be obtained from your local Social and Rehabilitation Services (SRS) office or Area Agency on Aging.

E. EMPLOYEE RETIREMENT INCOME SECURITY ACT (ERISA)

1. Introduction

Since passage of ERISA in 1974 workers have been given some protection in regard to pension plans offered by companies in the private work force. ERISA sets minimum standards for pension plans, guaranteeing that pension rights can't be unfairly denied or taken from the worker. ERISA also provides some protection for workers in the event certain types of pension plans cannot pay all the benefits to which you are entitled.

2. Pension Plan Requirements

One of the good things ERISA did was ensure that you can find out how your pension plan works and the benefits to which you are entitled.

You must be provided with a "Summary Plan Description" (SPD) within 90 days after qualifying as a participant in the plan. You may also get an updated Summary Plan Description at any time at the personnel or pension office where you work.

In addition to the SPD you are entitled to a statement of your "personal benefit account" which explains how many benefits you have and what benefits have vested. Vesting means that you have a legal right to collect the pension when you retire. It cannot be taken from you because you change jobs, quit work, get fired or the pension plan changes. You may have to make a written request for your personal benefit account since ERISA does not require the company provide it unless you make a request.

ERISA also established some rules which must be followed when you retire and want to claim your benefits. All pension plans must have an established claim procedure.

If you think you have been unfairly denied benefits, have been denied information about the plan, are adversely affected by a change in the plan, or are concerned the plan has been improperly managed the rules of ERISA may help you. It is even possible to file a federal court lawsuit to enforce any provision of ERISA not being followed by your company's pension plan.

F. FOOD STAMPS

1. Introduction

As food costs continue to rise many older citizens on fixed incomes have difficulty obtaining food "basics" necessary for a proper diet. The Food Stamp Program is a federal program administered by the state Social and Rehabilitation Services (SRS) offices. It may help you stretch your food budget.

2. Eligibility

You may qualify for food stamps if you:

- a) work for low wages

- b) are unemployed or work part time
- c) receive welfare or other assistance payments
- d) are elderly or disabled and live on a small income.

As with all financial assistance programs you must meet certain income and resource requirements. INCOME is the money you receive on a regular basis, such as wages, Social Security, and SSI. But not all of this income is counted toward the income limit. Deductions are taken for:

- a) basic household expenses
- b) 18% of your earned income
- c) actual cost of care for your dependent
- d) shelter costs which exceed certain limits.

If your household contains at least one person over age 60 or disabled there may be additional deductions for high shelter costs and medical expenses. Once these deductions have been taken your monthly income may not exceed **\$438** for one person; **\$588** for two persons; and **\$738** for three persons (1984 rates).

RESOURCES include money and other assets that you already own, such as savings, stocks, land and cash on hand. Among the resources which are not included are:

- a) your home and surrounding lot
- b) household goods and personal belongings
- c) life insurance policies
- d) vehicles needed for employment.

Your household may have up to \$1500 of countable resources. If there are two or more people in the household and one of you is at least 60, you may have \$3000 of countable resources.

3. Applying for Benefits

To apply for food stamps, contact the SRS office

nearest you. If you are applying for or receiving Supplemental Security Income (SSI) you may apply for food stamps at your Social Security district office.

The food stamp office will give you an application the same day you come in, telephone, or write to the office. If you are at least 65 years old or disabled and cannot go to the office or find someone to go for you, let the office know. The worker will arrange to interview you at home or by telephone.

If you qualify, you will receive food stamps no later than 30 days from the date your application was received. If you need help right away let the food stamp office know. You may be able to get food stamps within several days.

The amount of food stamps you receive is determined by the Department of Agriculture's estimate of how much it costs to provide your household with nutritious but inexpensive meals. Taken into consideration in the amount you receive are the number of people in your household and the amount of monthly income left after deductions.

4. Appeals

If you think your application has been wrongly denied or that you haven't received the correct amount, you should notify the food stamp office. If the office's decision is not in your favor you may request your case be reviewed by a fair hearing official. Your request may be done in writing, by phone, or in person.

You have the right to:

- a) examine your own case file and a copy of the food stamp program rules,
- b) be notified in advance if the food stamp office is going to reduce or end your benefits because of a change in your circumstances which you did not report in writing.

In some cases you can continue to receive food stamps without a change while you are waiting for the hearing decision. If the hearing decision

is not in your favor you will be asked to repay the value of any food stamps you were not entitled to receive.

G. LOW INCOME ENERGY ASSISTANCE PROGRAM (LIEAP)

1. Introduction

LIEAP is a federal program administered by the Kansas Dept. of Social and Rehabilitation Services (SRS). It is designed to help low income households meet the rising cost of home energy.

There are two phases to LIEAP:

- a) "Winter Heating Phase" which assists with home heating,
- b) "Summer Cooling Phase" which assists in maintaining a cool environment during the summer months. There are 2 parts to this summer phase:
 - 1) the REGULAR PHASE which assists the elderly, blind, and disabled;
 - 2) the EMERGENCY PHASE for persons other than the elderly with medical needs or threat of shut-off.

2. Eligibility

a. Winter Phase

Your household will be eligible if it meets *all* of the following requirements:

- a) your total gross income does not exceed income limits set by SRS. Income includes both earned and unearned income received by all adult members currently residing in the home for 3 months before your application;
- b) your household is partially responsible for payment of heating expenses. Your payments could have been paid directly to the fuel supplier or indirectly, as part of your rent; and

- c) your household has made at least partial heating bill payments for 2 of the past 3 months.

Energy coupons will be mailed directly to your household for payment to a fuel vendor who supplies electricity, oil, coal, wood, kerosene, gas or other fuel used for heating a residential dwelling. If your fuel cost is part of your rent, benefits will be paid directly in cash.

b. Summer Phase

Your household will be eligible if it meets *all* of the following requirements:

- a) one household member is at least 65, disabled, or blind;
- b) your household is partially responsible for paying cooling bills;
- c) you have made at least partial payment on the cooling energy bill for 2 of the last 3 months; and
- d) total household gross income does not exceed income limits set by SRS.

c. Summer Emergency Program

In addition to meeting the regular LIEAP eligibility standards applicants must:

- a) be medically certified as suffering from one or more specified conditions;
- b) provide proof the cooling bill is delinquent; and
- c) provide proof the service has been, or is about to be, disconnected.

Benefits are of 3 kinds: a) purchase or rental costs for a fan up to \$50; b) purchase, rental, repair, and/or costs to install a small air conditioner; and c) assistance toward overdue bills to prevent shut-off or to reconnect utility service.

3. Applying for Benefits

LIEAP applications are available at local SRS offices and, in most cases, at your Area Agency

on Aging. You may call your nearest SRS office or their toll free number 1-800-432-2396 to request further information and an application.

4. *Appeals*

If you have any questions about the action taken or have additional information you believe should be considered, first discuss it with the SRS office.

If you are still dissatisfied, you have the right to request a hearing before the State Appeals Committee. The request must be made within 10 days if a decrease in the amount or duration of payments is involved. If payment or denial of payment is involved you have 60 days to appeal.

The SRS office will explain the hearing procedure and give you the necessary forms upon request. You may have an attorney or others represent you at these hearings. If dissatisfied with a fair hearing decision you may appeal to the district court.

H. WEATHERIZATION PROGRAM

1. *Introduction*

The Weatherization Program is administered by the Dept. of Social and Rehabilitation Services (SRS) and its State Economic Opportunity Office through the Community Action agencies and Regional Planning Commission in Kansas.

2. *Eligibility*

You are eligible for up to \$100 of free weatherization services if your income is at or below 125% of poverty levels. Priority is given to elderly and handicapped persons.

3. *Weatherization Services*

The following services are offered under the program:

- a) installing storm windows,
- b) weatherstripping windows and doors,
- c) insulating attics with loose fill insulation materials,
- d) insulating walls,
- e) replacing broken glass in windows and doors,
- f) installing roof or gable vents,
- g) providing insulation wrap for water pipes and water heaters.

A final inspection of your home will be made to determine if all work has been completed satisfactorily.

4. *Applying for Benefits*

The state has been divided into 16 regions with a different agency in charge of the weatherization program. For information on the agency responsible for your county, contact the State Economic Opportunity Office at 913-296-2458 or your Area Agency on Aging.

HEALTH CARE

A. MEDICARE

1. Introduction

Medicare is a two-part health insurance program administered by the Social Security Administration. It is designed to help meet the hospital and medical costs of senior citizens (age 65 or older) and some disabled persons under age 65.

2. Eligibility

You are eligible for Part A (hospital insurance) if:

- 1) You are 65 or older and qualify for Social Security or Railroad Retirement benefits; or
- 2) You are disabled and have met the Social Security disability requirements for two years; or
- 3) You are receiving dialysis or need a kidney transplant because of permanent kidney failure.

If you fit into one of these 3 categories you are automatically eligible and may receive Part A coverage without paying any premium. If you do not fit into one of the categories you may still receive Part A coverage by paying \$174.00 per month (1984 rate). You should apply for Part A coverage 3 months before your 65th birthday.

You are eligible for Part B (medical insurance) if you are 65 or older and a citizen of the United States or a legal resident for 5 consecutive years.

If you are automatically eligible for Part A coverage you will be enrolled in Part B coverage unless you notify the Social Security office you do not want it. You will have to pay \$15.50 per month for this medical insurance.

If you are not automatically enrolled in Part B you may sign up for it from 3 months before to 3 months after your 65th birthday (the Initial En-

rollment Period). If you do not sign up during this 7-month period you must wait for a General Enrollment Period which is January 1 to March 31 each year. The monthly premium will be 10% higher for each year you wait to sign up.

3. Part A—Hospital Insurance

Medicare will pay for the following kinds of health care:

- 1) inpatient hospital care
- 2) inpatient care in a skilled nursing facility;
- 3) home health care; and
- 4) hospice care.

a. Inpatient Hospital Care

Under Part A inpatient hospital care you must pay a deductible before Medicare pays anything. The deductible is \$400 for 1984 and is subject to change each year. Each time you go into the hospital you must pay a new deductible unless you are still in the same "benefit period". A benefit period starts the day you are admitted to the hospital and ends when you have been out of the hospital or a skilled nursing facility for 60 consecutive days.

Once you pay the deductible Medicare pays 100% of all reasonable and necessary costs for the first 60 days in the hospital. If you stay in the hospital for more than 60 days you must pay part of the cost. For days 61-90 a \$100/per day co-payment must be made by you. If you are hospitalized over 90 days you must pay 100% of the costs unless you choose to use "reserve days".

When you sign up for Medicare, Part A, you are given 60 LIFETIME RESERVE DAYS. Once you use one of these days it is gone. When you elect to use one of these reserve days you pay \$200 per day (1984 rate) toward expenses.

Medicare hospital insurance will pay the reasonable costs of:

- a) semiprivate room and meals;
- b) regular nursing services;
- c) intensive or coronary care;
- d) drugs administered by the hospital;
- e) operating and recovery room costs;
- f) x-rays and other lab tests;
- g) medical supplies and appliances;
- h) blood transfusions; and
- i) therapy and rehabilitative services.

b. Skilled Nursing Facility

Part A will also pay for *skilled* nursing home care in a Medicare-certified facility. This does not mean custodial care, i.e., help in eating, dressing, or grooming. Your nursing home stay must be preceded by at least 3 consecutive days in a hospital. Admittance to the nursing facility must occur within 30 days of your hospital stay. Medicare pays 100% of reasonable costs for the first 20 days. For days 21-100 Medicare will pay all but \$50.00 per day, your co-payment. After 100 days you will pay 100% of the cost. Services covered are similar to those for hospital care.

c. Home Health Care

If you need part-time skilled care in your home Medicare will pay for an unlimited number of home health visits. Four conditions must be met before Medicare will pay for services rendered by a home health agency. Covered services include part-time nursing care, therapy, and medical supplies and equipment.

d. Hospice

Patients with terminal illnesses may now choose to receive medical care outside an institution. Services provided by a Medicare-certified hospice program will be paid for up to 210 days. There are no deductibles or co-payments except for part of the cost of outpatient drugs

and inpatient respite care. (Respite care is a short term inpatient stay which gives temporary relief to the person who is regularly assisting with home care.)

Medicare, Part A will never pay for personal convenience items such as telephones and televisions in your room; private duty nurses; or a private room unless medically necessary.

4. Part B—Medical Insurance

Medicare will help pay for:

- 1) doctors' services;
- 2) outpatient hospital care;
- 3) outpatient physical therapy and speech pathology;
- 4) home health care; and
- 5) many other medical services not covered by Part A.

You must pay the first \$75 of expenses (the deductible). Medicare will then pay 80% of the "approved charge" for a covered service. The approved charge is generally less than the doctor's bill. You must pay 20% of the approved charge plus any amount above the approved charge unless your doctor accepts assignment.

5. What is an Assignment?

If a doctor accepts assignment, the Medicare-approved fee is the maximum amount that the doctor can be paid. You will only be responsible for the \$75 deductible, 20% of the approved charge, and 100% of any services not covered by Part B. **YOU SHOULD ALWAYS ASK IN ADVANCE WHETHER A DOCTOR OR SUPPLIER WILL ACCEPT ASSIGNMENT.**

6. Services Not Covered

Even though the Medicare program has broad coverage, there are many services and supplies not paid for by Medicare. These include: custodial care; services not approved by Medicare;

services for which the patient has no legal obligation to pay; services paid for by a governmental agency; personal comfort items; routine check-ups; full-time home nursing care; hearing aids and eyeglasses and the examinations for prescribing or fitting them; drugs and medicines you buy yourself or without a doctor's prescription.

Medicare also does not generally pay for chiropractic services, cosmetic surgery, dental care, private rooms, orthopedic shoes, or routine foot care.

7. *What to Do If Medicare Will Not Pay*

When you disagree with a decision about your Medicare eligibility or claim you have a right to a review. Appeals regarding eligibility should be made to the Social Security office. Forms necessary for all appeals are available at the Social Security office.

Appeals regarding Part A Hospital Insurance are initially *reviewed* by the intermediary who made the decision. If you are still dissatisfied after the review and the amount Medicare refuses to pay is at least \$100 you can ask for a formal *hearing*. Cases that involve \$1000 or more can eventually be appealed to a federal court.

If a Part B Medical Insurance claim is denied, you should first request *reconsideration* by the carrier. If the claim is still denied, request a *hearing* from the carrier. There is no appeal available to a federal court.

If you need assistance in appealing a claim that has been reduced or denied, you can contact an attorney or the Legal Services Provider in your area.

8. *Resources*

For more detailed information about Medicare coverage, call or visit your Social Security office or your Area Agency on Aging.

B. MEDICAID

1. *Introduction*

Medicaid is a program designed by the federal government to pay the costs of some health care for people of all ages who qualify. In Kansas the Medicaid program is administered by the Department of Social and Rehabilitation Services (SRS). The Medicaid program is in no way related to the Medicare program run by the Social Security Administration.

2. *Eligibility*

Kansas provides three basic categories of eligibility for Medicaid. You may be eligible if any one of the following applies to you:

- a) You are *categorically* eligible if you receive benefits from one of the following assistance programs:
 - Aid to Dependent Children
 - General Assistance
 - Supplemental Security Income; or
- b) You are eligible on a *medically needy* basis if you are age 65 or older, blind, disabled and have an adjusted income of less than the limit established by SRS; or
- c) You may be eligible on a *spenddown* basis if your income exceeds the limits set by SRS but you have high medical bills. You must be age 65 or over, blind, or disabled to qualify for spenddown.

If you fit into one of these categories apply for Medicaid at your local SRS office.

3. *Income and Resource Limits*

"Protected income" is the amount considered necessary to meet basic living expenses. Income above the protected amounts is considered available to meet allowable medical costs.

The INCOME LIMIT in 1984 is \$325 for one person and \$425 for 2 persons.

Eligibility is determined by figuring your income for a six-month period. Not all income you receive during that period is counted. Examples of excluded income are:

- irregular, occasional or unpredictable monetary gifts
- income and property tax rebates
- in-kind income (such as free shelter).

In addition if you are 65, blind, or disabled a portion of any *earned* income and \$20 per month of *earned or unearned* income is excluded.

In addition to the income requirements you must meet RESOURCE LIMITS. For one person that limit is \$1600 and for 2 persons it is \$2400. Resources include checking accounts, savings bonds, stock, jewelry, savings accounts and other valuables. The following are some of the resources which are not counted:

- household equipment and furnishings
- property used solely as a home
- one vehicle (plus one more if it is needed for employment, to obtain medical care, or is specially equipped for a handicapped person).

NOTE: Any non-exempt resource which is transferred for less than fair market value can result in your ineligibility.

If you reside in a long-term care facility your income limit is figured on a monthly, rather than six-month, basis. Your income cannot be more than the monthly charge for the facility plus \$25.

Even if your monthly income exceed the limits you may still be eligible for Medicaid under the SPENDDOWN provision. Eligibility is determined on a six-month basis (or one-month if you reside in a long-term care facility). The difference between your actual income and the limits set by SRS is the spenddown amount. If medi-

cal expenses incurred during that time equal or exceed the spenddown amount Medicaid will be available to you.

4. Expenses Covered by Medicaid

Among the services covered are: physician's services; dental services; prescription drugs; some ambulance services; lab tests; x-rays; home health services; in-patient or out-patient services; skilled or intermediate nursing home care; eye and hearing examinations. Any services not covered by Medicaid must be paid by you.

If you are eligible for both Medicare and Medicaid, the provider of the service must "take assignment" of Medicare benefits or Medicaid will not pay. (See Section II, Part A (5) regarding assignment.) The claim must first be submitted to Medicare for payment under that program.

Providers of medical services cannot be forced to accept payment from Medicaid, but if they are willing to be part of this program they must be enrolled as Medicaid providers. If your doctor will not accept Medicaid you have two options—change doctors or pay with your own funds. If your doctor prescribes a drug that is not covered by Medicaid ask if there is something else that can be prescribed that is covered—either an alternative drug or the same drug under a different trade name.

5. If You Are Denied Eligibility

You may wish to appeal if you believe you have been unfairly denied Medicaid eligibility. This is your right.

First, request a hearing at SRS. This must be done within 90 days of the denial of your application.

Second, if the hearing results are unsatisfactory you may want legal advice. If you desire the aid of legal counsel at any point of an appeal check Section IX of this booklet for legal assistance information.

6. *For Further Information*

Contact the Kansas Department of Social and Rehabilitation Services' office or Area Agency on Aging in your area.

C. VETERANS' BENEFITS

One of the most important benefits available to veterans is free or low-cost medical care. In addition to the VA-operated hospitals throughout the country there are a number of outpatient clinics providing health care for veterans.

1. *Eligibility*

Basically you are eligible for medical care at a VA facility if unable to afford the care elsewhere. Your dependents and survivors are entitled to care in VA facilities if (1) they are unable to afford private care and (2) you have a service-connected disability, receive a pension, or are also entitled to care in a VA facility.

2. *Benefits*

The VA has established a priority system for deciding who gets medical treatment, particularly in-patient hospitalization. Among the services available are hospital care, skilled or intermediate nursing home care, in-home care, and outpatient medical treatment.

Further details about eligibility for each type of service can be obtained from your local VA office. (See Section I-Financial Assistance, Part C.5. for locations.) Requests for medical treatment or admission to a VA medical facility can also be handled at the admitting office of the medical facility.

D. PRIVATE INSURANCE TO SUPPLEMENT MEDICARE

1. *Introduction*

Medicare provides a strong base of medical insurance. However Medicare does not give you

total coverage. An extended illness could create financial hardship if you do not have other insurance to fill in the gaps in Medicare coverage.

Medicare supplemental insurance (often referred to as Medigap insurance) is provided in a variety of forms. Medicaid is the best supplement to Medicare because it pays the deductibles and copayments of both Parts A & B at no cost to you. Before looking at private insurance company policies you should find out if you are eligible for Medicaid. (See Section II, Part B).

2. *Medicare Supplement Policies*

Under Kansas law a policy advertised as Medicare supplement insurance must provide certain minimum benefits. The policy must pay the deductible and copayments for Part A inpatient hospital coverage plus 90% of Medicare approved expenses for up to 365 days. Under Part B medical insurance the policy must pay 20% of eligible expenses up to at least \$5000. The company may require you to pay an additional \$125 deductible.

You should remember that Medicare supplement policies are designed to cover Medicare approved expenses which are not paid by Medicare. They do not normally cover expenses considered ineligible by Medicare. Even with a Medicare supplement policy you may have out-of-pocket expenses.

3. *Other Insurance Policies*

a. **Specified Disease:** These policies are very specific about the type of illness which will be covered. Cancer policies are one example. They offer limited benefits and generally do not cover all expenses incurred in the treatment of cancer.

b. **Nursing Home:** These policies generally provide benefits only if you are confined in a skilled nursing facility or Medicare-certified facility. Most patients reside in intermediate care facilities which are not included in the policy coverage. A limited number of nursing homes in Kansas are certified by Medicare or licensed as

skilled nursing homes. It is a good idea to check the nursing homes in your area to be sure they are skilled nursing facilities or Medicare-certified.

c. **Indemnity:** These policies pay a set amount per day, week, or month while hospitalized. A waiting period clause may require hospitalization for a specified number of days before payment begins.

All of these types of policies are limited in terms of coverage. One good policy which covers all types of medical treatment will be less expensive than numerous limited coverage policies.

4. *Tips When Buying a Supplement Policy*

1. Do not buy more policies than you need. Since most policies offer similar benefits you may be duplicating coverage. If you currently have more than one policy or are considering buying another policy have someone help you determine if you need more than one supplemental policy.
2. Check for pre-existing condition exclusions and waiting periods which may limit coverage.
3. Be careful about replacing existing coverage. If the policy you are purchasing has a waiting period you should not cancel your old policy until the waiting period has expired.
4. Be aware of clauses which set a maximum dollar amount the company will pay.
5. Check your right to renew a policy. There are 3 types of renewal agreements:
 - a) *renewable at the option of the company.* The company may refuse to renew your policy on any premium renewal date by giving prior notice of its intent to take such action; or, the company may refuse to renew your policy if it does not renew all policies in your area.
 - b) *guaranteed renewable to a specified age or for life.* The company cannot refuse to renew the policy but may change the premium rate;

c) *non-cancellable and guaranteed renewable to a specified age or for life.* The company cannot refuse to renew the policy or change the premium rate.

6. Beware of policies that have the government look. The government does not sell a Medicare supplement policy.
7. Take time to read the policy. Have someone other than the insurance agent look at the policy.
8. Beware of scare tactics.
9. Do not withhold medical information on the application. Failure to give accurate information may enable the company to cancel your coverage.
10. Get a written outline of the policy's coverage and have the agent sign it.
11. Do not pay cash. Make your check payable to the insurance company, not the agent.
12. A "free look" provision allows you to look over any individual health insurance policy purchased in Kansas. Upon receipt of the policy you have 10 days to look it over. If you decide you do not want the policy you may return it and receive a complete refund of your premium.

5. *Health Maintenance Organizations (HMOs)*

HMOs not only pay health care costs in return for a monthly premium but also provide actual health care. Reasons to join an HMO include (1) a fixed monthly payment for health care which makes it easier to figure yearly health care cost; (2) no need to pay each time you need service; (3) emergency care available 24 hours a day, 7 days a week.

If the HMO contracts with the Medicare program, Medicare pays the HMO each month for most of the cost of your health care. You pay the HMO a monthly premium which covers the Medicare deductibles and coinsurance for which you are normally responsible. If you have Medicare Part B Medical Insurance you must also pay the monthly premium to keep that coverage.

For more information, contact your local Social Security office or Area Agency on Aging. Their staffs can tell you about any HMOs in your area with Medicare contracts and how to get more specific information about them.

6. References

If you have a question or complaint about insurance contact your Area Agency on Aging or the Commissioner of Insurance (See Appendix for addresses).

E. HILL-BURTON FUNDS

The Hill-Burton Act was enacted to provide funds to public and private non-profit institutions to enable them to build and modernize health facilities. Many hospitals in Kansas received funds and must provide "free services" for 20 years to low-income persons who are not able to pay for health care. The facility must have posters about the Hill-Burton funds and actually inform people entering the facility that they may be eligible for free care.

The list in the Appendix indicates Kansas facilities which received Hill-Burton funds. Low in-

come persons should inquire before entering the hospital about the possibility of free services. Additional information may be obtained from the hospital or the Hill-Burton hot-line, 1-800-638-0742.

F. SENIOR CARE DENTAL PROGRAM

The Kansas Dental Association is participating in a special program which provides dental care at reduced fees for low income senior citizens. The program, Senior Care, is only available from those dentists who have volunteered to provide services at the reduced fee.

In order to qualify, you must:

- 1) be at least 60 years old;
- 2) not be receiving federal, state, or other dental assistance;
- 3) not have private dental insurance; or
- 4) have a total annual household income of less than \$7,000 if single or \$10,000 if married.

For more information contact the Kansas Dental Association, 1-800-432-3583 or, in Topeka, 272-7360.

HOUSING

A. RENTING

1. Leases

A lease is a contract between a landlord and a tenant. Both oral and written leases are enforceable but if the lease is for over one year it must be in writing. It is always a good idea to have your lease in writing so that agreements are clearly outlined in case of a dispute.

Always read your lease before you sign it. If there are terms in the lease you do not like try to have them omitted before signing. Some terms to watch for are those in which you agree to pay attorney fees if the landlord sues you or where you agree to give up certain available remedies if the landlord does not carry out his responsibilities. These clauses cannot be enforced by the landlord even if they are included in the lease you sign.

2. Security Deposits

By law both you and the landlord must inventory your apartment together and make a written list of the damages existing when you move in. This list must be made within 5 days of your taking possession of the apartment. Each of you should sign this list and keep a copy. If carefully done, the inventory can protect both of you from later disputes over who caused damages.

Landlords will often ask for a security deposit to protect themselves against damage to property. The law limits the amount of a security deposit to 1 1/2 times the rent or 2 times the rent if you have a pet.

When you move out the landlord must return the security deposit less any amount to cover damages other than normal wear and tear. The landlord must return any or all of the security deposit within 14 days after determining what, if any, deductions should be made. The landlord must provide a written list of each deduction. In

no event can this return of deposit be more than 30 days after the lease terminated.

You may not use the security deposit to pay your last month's rent. Doing so means that you cannot have any of the security deposit back and the landlord may still collect the unpaid rent.

3. Landlord's Duties

By law the landlord has a number of responsibilities to the tenants. These include:

- a) providing reasonable heat, running water, and hot running water;
- b) maintaining common areas (such as halls, laundry rooms, and clubhouses);
- c) maintaining all major plumbing and electrical systems;
- d) providing adequate waste receptacles; and
- e) complying with building and housing codes regarding health and safety.

The landlord cannot evict you, raise your rent, or decrease any service if you complain about housing code violations. It is also illegal to raise your rent during the term of your lease or without giving adequate notice of the intent to increase rent.

4. Tenant's Duties

A tenant also has duties imposed by law which include:

- a) keeping the apartment clean and safe;
- b) being responsible for any damages done by you or your guests;
- c) allowing the landlord to enter the apartment during reasonable hours after notifying you of the need to enter;
- d) not disturbing the quiet enjoyment of other residents; and

- e) giving the landlord written notice of the intent to end the lease. The length of time needed for proper notice varies with the type of lease you have but is at least 30 days.

Nonpayment of rent can constitute grounds for eviction. If you pay in cash, always obtain a receipt to protect yourself against a claim of nonpayment. If you pay by check, keep the cancelled checks as proof of payment. (This should also be done for security deposits.)

B. PUBLIC AND PRIVATE SUBSIDIZED HOUSING

1. Introduction

Appropriate housing at affordable prices is a serious problem for many senior citizens. The federal government has established several programs to assist in housing needs. Public housing is built and operated by a governmental agency while private housing is built and operated by nongovernmental groups which have received federal assistance. All of the federal programs limit benefits to those tenants who meet certain eligibility criteria.

2. Public Housing

The public housing program is administered nationally by the U.S. Department of Housing and Urban Development (HUD). Local Public Housing Authorities (PHA) acquire and operate housing projects.

Income guidelines must be met in order to qualify for public housing. Income includes wages, dividends, and retirement benefits. Deductions are taken for extraordinary medical expenses, dependents, and a percentage of gross income.

You will be notified if you do or do not qualify for public housing. If eligible, you will be informed of the approximate date a housing unit will be

available. If not eligible, you must be told why and also given the opportunity for an informal hearing to appeal the decision.

Rent is based on a percentage of your family income. Changes in your income, family size, or employment status can affect the amount of your rent. Therefore an evaluation is made each year to determine if rent should be changed. A lease must also be signed. It will contain many of the same rights and duties as outlined under the Landlord-Tenant section.

A grievance procedure is also available to challenge any decision regarding rent increases, charges for damages, and termination of the tenancy. The procedure includes filing a written complaint, holding an informal conference, a formal hearing, and court action.

3. Private Subsidized Housing

Various types of subsidized private housing may be available in your area. Some federal programs assist you in paying the rent while others loan money to organizations to help them build or rehabilitate housing.

Under the Section 8 housing program you will receive a "certificate of participation" which allows you to look for suitable housing. Once it has been located a lease is signed by you and the landlord. In addition a contract is made between the landlord and HUD. The owner receives monthly payments from HUD equal to the difference between the rent you pay and the rent approved for the unit.

To be eligible for Section 8 housing you must meet income requirements for either a family or single person. If you are 62 years of age or older, disabled, or displaced you may qualify for this program.

Under the Section 202 housing program direct loans are made to private organizations for building or rehabilitating housing for the elderly and handicapped. Special services may be provided to assist tenants, including homemaker, health and transportation.

4. *Further Information*

For more details about the housing available in your area contact the Public Housing Authority, Area Agency on Aging, or City Hall.

C. HOMESHARING

Homesharing is the joining of homeowners or renters who have space in their home to share with persons in need of housing. This arrangement may be good if you are handicapped and need help around the house, if you don't enjoy living alone, or if you need help in meeting the high costs of living. This is a fairly new concept in housing with four counties currently offering homesharing programs: Douglas, Johnson, Sedgwick, and Wyandotte.

Any type of agreement can be worked out to fit your situation. In exchange for moving in the homesharer may pay rent, perform small tasks around the house, or both. The agreement can last for any length of time but generally will be one year. It is best to make a written agreement of each person's duties and rights in case of a later dispute.

You should also check with your caseworker if you are receiving any public benefits. The change in your living arrangement may have an effect on the amount of your benefit or your eligibility for the program.

D. CONTINUING CARE RETIREMENT COMMUNITY (CCRC)

CCRCs provide independent living units such as apartments or cottages. Various social, recreational, maintenance, and health care services are offered, usually on the community premises.

The terms of a CCRC contract typically last more than one year. The community agrees to provide housing, health care, and other services in exchange for your advanced payment to help cover these costs. The fees cover the cost of

housing but do not give you any ownership rights in the property. Most communities require an entrance fee and monthly service charge.

There may also be some eligibility requirements such as minimum age, no pre-existing serious health problems, and health or medical insurance.

Because of the complicated financing required to develop and operate such a facility the potential for financial mismanagement does exist. There are currently no regulations to ensure the CCRC's financial stability or protect your investment. Therefore you should seek advice before signing a contract.

E. EXTENDED FAMILY

Several generations of a family may choose to live together. You may move in with your children and provide child care in exchange for room and board. Or your children may move in with you and share living expenses.

Before deciding on this living arrangement you should consider its effect on current or future public benefits. Some programs include the entire household's income even if you are the only family member eligible for benefits.

F. NURSING HOMES

1. *Introduction*

The term "nursing home" really covers a broad category of facilities. Each type of facility provides a different level of care:

- a) Skilled nursing facilities (SNF) provide skilled nursing care on a 24-hour basis. Skilled nursing care is comprehensive planned medical care which includes rehabilitative or restorative therapy, diet supervision and/or trained observation.
- b) Intermediate care facilities (ICF) provide supportive care and nursing service but not at the continuous level of a skilled

nursing facility. ICFs provide personal care and supervision for persons requiring assistance but not continuous medical or nursing service.

- c) Personal care homes vary in bed capacity and accommodate persons who need a protective home environment but no true nursing care. They are not certified to receive Medicaid payments for the room and board provided.

The Dept. of Health and Environment licenses nursing homes and provides regulations about minimum standards for construction, staffing, diet, and nursing procedures. Homes must meet additional requirements in order to be certified for Medicare and Medicaid as skilled nursing or intermediate care facilities.

2. Choosing a Nursing Home

When you go through the process of selecting a nursing home it would be wise to:

- a) take time to determine your medical and physical needs and financial resources;
- b) consider those homes located near people who will be visiting most often; and
- c) discuss your plans with your doctor and family.

Once you have decided on a list of potential homes that will fit your budget and provide the needed level of care you should visit those homes. Initial visits should be made near meal time in order to allow you to judge the care residents receive and the type of food being served. A checklist is provided in the Appendix to assist you in evaluating a nursing home.

Many people enter nursing homes as private pay patients, eventually exhaust their resources, and turn to Medicaid for assistance. In choosing a home make sure the contract and policies ensure that the home will continue to care for you if you eventually require Medicaid assistance.

3. Financial Assistance

Nursing homes can be very expensive, especially if the stay is required for a long period of

time. It is important to find out what services are included in the "basic daily charge"; what services require additional payments; whether a deposit is required; and what procedure is needed to obtain a return of the deposit.

Prior to entering a nursing home you should also find out if the home is Medicare or Medicaid certified. As explained in the Medicare section up to 100 days in a skilled nursing facility may be covered, with you making co-payments for the last 80 days.

Medicaid will pay for care in both skilled and intermediate care facilities. A facility accepting a Medicaid payment cannot bill you for any covered costs in excess of the reimbursement rate authorized. You will be required to put all but \$25 of each month's income toward the cost of care.

4. Your Rights as a Resident

Residing in a nursing home does not automatically strip you of the constitutional and civil rights guaranteed every adult. There are federal and state regulations which require all nursing homes to guarantee certain residents rights in order to be licensed to operate or to receive Medicare or Medicaid payments. Those rights include:

- 1) being fully informed of services available in the facility and of related charges not covered in the basic rate;
- 2) knowing in detail your medical condition and participating in planning your medical treatment;
- 3) managing your own financial affairs;
- 4) refusing to be transferred to another facility except for
 - (a) valid medical reasons,
 - (b) your welfare or that of other residents, or
 - (c) nonpayment of your bill;
- 5) exercising your right to voice grievances and recommend changes in policies and services to staff or others without fear of restraint, reprisal, or interference;
- 6) being free from physical or mental

abuse, including drugs and physical restraints, except as authorized by the doctor for a limited period of time or when necessary to protect you from injury to yourself or others;

- 7) being assured of confidential treatment of personal and medical records;
- 8) not being required to perform services for the facility;
- 9) being treated with respect, consideration and full recognition of your dignity and individuality;
- 10) associating and communicating privately with persons of your choice;
- 11) sending and receiving personal mail unopened;
- 12) participating in religious and social activities;
- 13) meeting with community groups;
- 14) retaining and using your personal clothing and possessions;
- 15) being assured privacy for visits by your spouse; and
- 16) choosing your own pharmacy where goods for personal use are purchased.

5. Complaint Process

If you, your family, or friends have a complaint about the health, safety, nutrition, sanitation, or care of a resident of a long term care facility, call or write:

Long-Term Care Ombudsman
Department on Aging 1-800-432-3535
610 West 10th
Topeka, KS 66612

Topeka Area 913-296-4986
610 West 10th
Topeka, KS 66612

Kansas City Area 913-281-5109
El Centro
736 Shawnee Avenue
Kansas City, KS 66105

Wichita Area

316-267-0259
335 W. Lewis
Wichita, KS 67202

G. ALTERNATIVE TO NURSING HOME PLACEMENT

Most people prefer to remain in their homes as long as possible. But an illness or chronic condition may require adjustments in your life-style. If you do not need the constant care available in nursing homes but do need some support to stay in your own home the following programs may be of help to you.

1. In-home Meals: Hot, nutritious home-delivered meals can be brought to you once, and sometimes twice each day if you are unable to cook for yourself.
2. Transportation: If you are unable to transport yourself to doctors' offices, grocery stores or other needed services there are various programs to assist you. Bus or taxi cab companies may offer special services; volunteers may drive you; or specially equipped vans may operate in your area.
3. Homemaker: Aides will come to your home and assist with light housekeeping duties, provide companionship, and prepare meals.
4. Home Health Care: Health professionals will come to your home on an intermittent basis. Skilled nursing care, occupational or physical therapy, and assistance in taking medication are among the services offered.
5. Companion/Sitter: Individuals will come to your home to stay with you. This service is often used to relieve your full-time caretaker for a limited number of hours.
6. Adult Day Care—These facilities provide professional supervision in a social setting. Many of the day care centers offer social

and recreational programs, nutritious meals, and limited medical treatment. If you are unable to stay alone during the day or if your family works, this option would be beneficial.

7. Hospice: Terminally ill patients and their families can receive support and help from staff trained in dealing with terminal illness. The goal is to decrease pain and discomfort while making life as meaningful as possible for the terminally ill patient.

These services may be in short supply. The difficulty is in coordinating the various services and the service-providing agencies. Case management and care planning can assist you and your family in coordinating the various services. Contact your Area Agency on Aging, Home Health Agency, or local SRS office for further information.

H. MULTI-PURPOSE SENIOR CENTERS

Senior centers throughout the state offer a variety of services to you. Most centers offer:

- 1) Recreation—Programs and equipment are provided for social and recreational activities. Instructors are available to conduct programs in crafts, music, and various other hobbies.
- 2) Nutrition—Centers offer low-cost meals as well as educational programs on wise food planning and purchasing.
- 3) Social Events—Celebrations for birthdays, weddings, and anniversaries may be held at the centers. Entertainment throughout the year provides opportunities for members to socialize.
- 4) Information and Referral—The centers may assist you in contacting service providers in regard to health, safety, legal aid, family, and finances.

TAX RELIEF

A. FOOD SALES TAX REFUND

A \$20 cash refund is available for sales tax paid on food by Kansas residents who:

- 1) are at least age 55 or disabled;
- 2) are residents of Kansas the entire year; and
- 3) have household income of less than \$10,000.

The Homestead and Food Sales Tax Refund Unit of the Dept. of Revenue, courthouses, and libraries supply forms with instructions for filing a claim. Claims may be filed from January 1 to October 15 of each year. If you have questions contact offices in Topeka (913-296-2212); Kansas City (913-371-7350) or Wichita (316-267-7264).

B. HOMESTEAD TAX REFUND

Cash refunds are available for real estate taxes paid by homeowners or rent paid by tenants. You may be eligible whether you rent, own your home, own a mobile home, or live in a nursing home which is on the tax roll. Qualifications include:

- 1) residing in Kansas the entire year;
- 2) having household income of less than \$12,800;
- 3) occupying the homestead you own or rent, or living in a nursing home upon which general property taxes were assessed;
- 4) being at least 55 years old. You may also qualify if you are disabled or have a dependent child residing with you;
- 5) not owing any delinquent taxes.

The amount of the refund varies depending on the amount of your household income and how much property tax you paid. For renters the

amount of property tax paid is figured as 15% of your rent. The maximum refund allowed is \$400.

Application forms are available from the Homestead and Food Sales Tax Refund Unit of the Dept. of Revenue, courthouses and libraries. Claims should be filed between January 1 and October 15 each year. For information or assistance, contact the offices indicated in the Food Sales Tax Section.

C. INTANGIBLES TAX EXEMPTION

Income that you receive from intangible property such as savings accounts, stocks, bonds and mortgages may be subject to a local intangibles tax. The tax rate, which varies across the state, can be found in the tax return booklet sent to you each year.

A special senior citizen or disability exemption allows you to deduct \$5,000 from the earnings reported if you meet one of the following qualifications:

- 1) you are at least 60 years old on or before January 1 of the year in which you are filing the return; or
- 2) you have been disabled or blind during all of the tax year; or
- 3) you have household income of \$15,000 or less.

If your household income is greater than \$15,000 the \$5,000 exemption is reduced by the amount your income exceeds \$15,000. If your income is \$20,000 or more you will not be eligible for this \$5,000 exemption.

The intangibles tax return must be filed by April 15 of each year with the Kansas Dept. of Revenue. Instructions and Form 200 "Local Intangibles Tax Return" are included with each income tax return booklet. Your county clerk will compute your tax and you will be billed for it by your

local county treasurer. If your intangibles tax is less than \$5.00 you will not be billed.

D. FEDERAL TAX BENEFITS, CREDITS AND REFUNDS

While the federal income tax laws apply equally to all taxpayers regardless of age there are certain provisions which give special treatment to older Americans. All taxpayers 65 or older benefit from:

- 1) a special gross income requirement for filing a federal income tax return, and
- 2) an additional exemption for age.

Taxpayers who qualify and who meet the age requirements may benefit from:

- 1) Credit for the elderly, or
- 2) Exclusion of gain on the sale of their home.

In addition to this special tax treatment, you may also be able to get a tax credit:

- 1) on earned income,

- 2) for purchasing energy saving items or renewable energy equipment,
- 3) for expenses for child or disabled dependent care.

The Internal Revenue Service (IRS) has free publications which may be helpful to you in determining if you are eligible. You may find these publications at the library, post office, and banks. Or you may order them by calling the IRS toll-free number 1-800-424-1040.

<i>Publication No.</i>	<i>Title</i>
503	Child and Disabled Dependent Care
524	Credit for the Elderly
554	Tax Benefits for Older Americans
596	Earned Income Credit
903	Energy Credits for Individuals

The Tax Counseling for the Elderly (TCE) program provides free tax assistance and return preparation to individuals age 60 and over. In addition, Volunteer Income Tax Assistance (VITA) preparers have been trained to assist you. To find the nearest location call the toll free IRS number, your Area Agency on Aging, or your Information and Referral Coordinator. (See Section X of this booklet.)

CONSUMERISM

Even though consumer protection legislation and court decisions in favor of consumer rights are on the increase your best protection is for you to be a well-informed, careful buyer. You should be knowledgeable about your legal rights, cautious of product exaggerations and unafraid to demand satisfaction for the price of the purchase.

A. DECEPTIVE AND UNCONSCIONABLE PRACTICES

The Kansas Consumer Protection Act makes it illegal to engage in any DECEPTIVE act or practice in the sale or rental of goods or services. Some examples are:

- 1) stating that the product is new when it has in fact been used;
- 2) stating that repairs or services are needed;
- 3) falsely stating why the item is being offered at a reduced price;
- 4) offering goods or services without the intent to sell them; or
- 5) stating that the goods have qualities and characteristics they don't have.

It is also illegal for a seller to engage in an UNCONSCIONABLE act or practice. An unconscionable act is not necessarily deceptive but is an unfair advantage taken by the seller. Examples include:

- 1) selling the item when there is no probability the buyer can pay;
- 2) making misleading statements to the buyer;
- 3) trying to limit the warranties; or
- 4) selling the item at a price that is extremely higher than the normal selling price.

If you believe a deceptive or unconscionable

practice is occurring, notify the Attorney General, the Better Business Bureau, your attorney, or your Area Agency on Aging.

B. CONTRACTS

1. *Buying on Time*

Most major purchases and even routine purchases involve making a contract between you, the buyer, and a merchant, the seller. Contracts most often come into the picture when credit is extended for purchase of an item or service and payment is delayed over a period of time. In effect the store, dealer or company you are buying from extends you a loan in the amount needed to purchase the item or service. You, in turn, agree to pay back that money plus a finance charge of some kind.

Some basic contract tips:

- 1) Insist that the salesman let you take home a copy of the filled-in contract before you sign it.
- 2) Show the contract to a friend or attorney if there is a question about some provision of the contract.
- 3) Have all warranties and guarantees put in writing.
- 4) Have all blanks filled in on a contract before signing it.
- 5) Keep a copy of all contracts, payment records and complaint letters in a safe place.
- 6) Take time to read the contract carefully before signing it.

Whenever you buy on time make sure that you know how much your total cost will be. Know how long you will have to make payments and be sure you can make them.

The Federal Truth-in-Lending Act requires

businesses who extend credit to tell you what that credit will cost in the long run. When you buy on credit you must be told the **FINANCE CHARGE** and the **ANNUAL PERCENTAGE RATE**. If a seller fails to reveal these two figures you may sue the seller, who could even receive a fine or prison term for wilful violation of the Act.

Terms you should know:

- 1) **FINANCE CHARGE**—the price you pay for the privilege of paying over time in installments.
- 2) **ANNUAL PERCENTAGE RATE (APR)**—the rate of interest you pay for the privilege of buying on credit. It is determined by multiplying the monthly interest rate by twelve.
- 3) **CASH PRICE**—what an item or service would cost if you paid for it completely at the time you bought it.
- 4) **DEFERRED PAYMENT PRICE**—the total amount you will pay for the item or service over the term of the installment period.

(CASH PRICE + FINANCE CHARGE = DEFERRED PAYMENT PRICE)

2. Home Repairs

Whenever it is necessary for you to hire someone to do work on your home, use some caution and shop around. Get two or three estimates to see who is offering the best bargain. Also, check references before you hire. There are a lot of fly-by-night operators.

After you decide upon a contractor, ask that your agreement be written down. If you don't get down all the important things in writing, you're asking for trouble later. Items such as price and the guarantees of work done should be on paper somewhere so that you can avoid arguments after the work is completed.

Do not pay the contractor until some of the work has been finished and then do not pay the full amount.

3. Door-to-Door Sales

Door-to-door sales people can be very persuasive. You may find yourself buying a product you really do not want or need. If you do change your mind you may be able to cancel the contract and get back any money you have spent if you act promptly.

Kansas law allows you a 3-day "cooling off" period from the time you complete a door-to-door sale. If you decide you do not want the product you must notify the company **IN WRITING** before midnight of the 3rd business day after you agree to purchase. If you mail this notice it is effective from the time it is mailed, but you must be able to show that it was properly mailed. It is a good idea to send the notice by certified mail with a return receipt requested.

The law also requires the agreement or offer to purchase contain the date that it was signed by you and a statement notifying you of the right to cancel. In addition the salesperson should give you a **NOTICE OF CANCELLATION** form. If you decide to cancel simply date and sign one copy of the **NOTICE** and mail or deliver it to the company within the 3-day period.

Once the notice is received the seller has 10 days to refund any money you had paid, return any documents you had signed, return any goods or property you had traded in, and inform you whether any items left with you will be picked up or whether you may keep them. Any product left with you must be available to the seller in the same condition it was in when you received it. It is not your responsibility to ship the item back to the seller or pay any postage for shipping.

Only sales, leases, or rentals of goods or services with a purchase price of \$25 or more are covered by this law. In some situations, however, this law may not apply.

If you have been harassed by salespersons coming to your home or contacting you on the

telephone it would be a good idea to report them to the County Attorney, Attorney General, Better Business Bureau, or telephone company.

C. MAIL SOLICITATION

Whenever any person, business, or company voluntarily sends you the goods which they are trying to sell and you did not actually order or request the goods, the item is considered a gift to you. You need not pay for it or pay to return it. If you do not want the item, dispose of it. If the sender sues for return of the good, you can defend the lawsuit by arguing the goods were sent voluntarily and not actually ordered by you.

D. WARRANTY LAWS

A warranty is a representation that a product has certain characteristics and that the seller or manufacturer will support its product and its claims in a certain way. When shopping, be sure to compare the different warranties that are given on products. Basically there are 4 types of warranty:

- 1) *Warranty of Title*—the seller guarantees to give you valid title to the product or property. No one else has any legal interest in the property.
- 2) *Express Warranty*—the seller makes an oral or written statement about the goods in its advertising, packaging or at the time of sale. This does not include the seller's opinion of the product or its value.
- 3) *Implied Warranty of Merchantability*—the goods are fit for the ordinary purpose for which the goods are to be used. The manufacturer, seller, etc. need not make any written or oral statement.
- 4) *Warranty of Fitness for a Particular Purpose*—the seller knows you are looking for a product for a special purpose and states that the item being sold to you will fit

that purpose. You are relying on the seller's judgment in selecting an appropriate product.

Under the Kansas Consumer Protection Act the 3rd and 4th types of warranties can never be disclaimed—which means the seller, manufacturer, etc. cannot exclude these guarantees from part of the conditions of the sale. Nor can the seller enforce any agreement in which you agree to a limit on the types of remedies you may seek if the goods do not meet the standards.

If you believe that you have purchased an item that is not fit for the particular purpose you expressed, of merchantable quality, or consistent with the express warranty you may generally demand that the goods be repaired or replaced, return the goods and request a refund, refuse to pay for the goods, or keep the goods and deduct any repair costs.

If you have been physically injured by goods purchased then you may have a right to sue the seller or manufacturer. You should consult with an attorney as soon as possible since there are time limits imposed on bringing such actions.

E. FUNERAL PLANS

By making funeral plans in advance you can choose the kind of arrangements you want and be prepared for costs. You can save money and spare your family the pain and expense of making decisions in a crisis. When plans are made according to your wishes you will have added peace of mind.

The first step is to think about your preferences and make some basic decisions. There are two major considerations:

- 1) whether you prefer burial, cremation, or bequeathal; and
- 2) what type of service you prefer.

Burial is the most common choice and can be

economical or expensive, depending on the casket, services, and cemetery charges. *Cremation* is becoming more popular and is usually less expensive than burial. *Bequeathal* of your body to a medical school is an important service to humanity. It is economical because the school pays for almost all arrangements. You do need an agreement with a medical school and alternate plans in case the circumstances at death make bequeathal impossible.

When you are clear about your wishes you need to find out who can provide the necessary arrangements and what they will cost. Memorial societies have information about local firms, their services and prices, and simple procedures for making pre-arrangements with a funeral director. However if you want to make plans on your own, here are some tips to help you:

- 1) Discuss costs when you make plans. A funeral is a major purchase and should be treated as such.
- 2) Do not pay in advance. Pre-payment involves the risk of paying more than the cost of your funeral or of having too little to cover the bills. Pre-payment can also cause problems if you move or change your plans. If you wish to have funds ready for your funeral, arrange a special bank account or third-party trust.
- 3) Call on several firms, explain what you want and find out what they have to offer. Under the new Federal Trade Commission (FTC) rule you may telephone funeral providers and ask about terms, conditions, or prices of funeral goods or services.
- 4) Ask for an itemized price list of the services and merchandise you want.
- 5) Put any instructions and plans in writing and give to next-of-kin or the person responsible for making arrangements. Do not put them in your will or safe deposit box.

F. UTILITY USERS' RIGHTS

In today's society we rely heavily on the availability of electricity and gas. Consumers should know about the following standards for billing, late payment charges, security deposits and discontinuance of service:

- 1) You have 28 to 30 days to pay a utility bill.
- 2) Residential security deposits for persons under age 65 are allowed only after an unsatisfactory credit rating. No deposit is required for persons over age 65 unless there has been a history of large utility bills.
- 3) The security deposit will be returned with interest if you have promptly paid your bills for at least one year.
- 4) The maximum security deposit a utility can ask for is the projected average for two months' service. You may pay this security deposit in four installments.
- 5) Any charge for late payment cannot exceed 2% of the current bill.
- 6) If you have high utility bills you can pay it in installments.
- 7) If you rent your home and the landlord is responsible for paying the utility, the utility company must notify both the landlord and you of plans to disconnect service IF the billing address is different from your address. A notice must be posted in the apartment building at least 5 days before service is terminated.
- 8) Utilities may not be disconnected for 21 days if it is dangerous to your health. You must make arrangements to pay the bill in installments. Factors the utility company will consider are:
 - a) prior medical condition
 - b) weather
 - c) your age
 - d) any disabilities.

If a dispute should arise with a utility company or you feel your rights have been violated, contact your Area Agency on Aging Information and Referral office or Elderly Law project.

Office of the Attorney General
Consumer Protection Division
Kansas Judicial Center
Topeka, KS 66612
913-296-3751

G. CONSUMER PROTECTION AGENCIES

In Kansas the Attorney General is charged with the general responsibility of enforcing the various laws which grant protection to consumers. A special division has been created for consumer complaints. The address is:

Some counties have a consumer division within the local district attorney's office. You may want to contact the office in your area first.

If you have a complaint about a business you may contact the Consumer Protection Division, any attorney, the Legal Services Project in your area, or the Information and Referral project of your Area Agency on Aging.

YOUR RIGHTS

A. AGE DISCRIMINATION

1. *Age Discrimination in Employment Act (ADEA)*

If you think you may have been the victim of some form of age discrimination in employment, whether in hiring, firing, wages, promotion, lay-offs, or any other working condition you should know about the protection you have under the federal ADEA.

Workers age 40 to 70 have protection against job discrimination based *solely* on age. Employers subject to the ADEA include private businesses, units of government, unions, and employment agencies. There must also be at least 20 employees before this Act will apply.

In certain situations courts have recognized that age can be a "bona fide occupational qualification". This means that in certain occupations (usually those involving public safety) age can be used as a reason for disqualification.

There are also certain federal occupations not covered by the Act and a number of exceptions to the general rule against discrimination. Because of the technical nature of this Act it is best to consult an attorney to be sure you do not lose any of your rights.

If you believe you have a valid complaint you should take the following steps:

- a) follow your company's own grievance procedure;
- b) file a grievance with your union, if you have one;
- c) contact the Equal Employment Opportunity Commission (EEOC) to find out about time deadlines for filing complaints;
- d) write a letter to the EEOC stating that you are making a formal "charge" of age discrimination. Give a brief description of the facts.

The EEOC will conduct an investigation and try to negotiate a solution. If EEOC decides there is age discrimination and no solution can be found, they may refer your case to the Dept. of Justice for a lawsuit. Due to a limited budget it is rare that the Dept. will prosecute your case.

You may file your own lawsuit if the Dept. does not prosecute. There are time limits and conditions which must be met before you can file your lawsuit. You should also be aware that your employer, labor organization, etc., cannot retaliate against you for making age discrimination charges or for assisting in any investigation being conducted.

2. *Age Discrimination Act (ADA)*

The ADA is designed to prohibit age discrimination in programs and activities receiving federal financial assistance. The Act would apply, for example, to hospitals, nursing homes, day care centers, and other social service providers. It is illegal for you, because of your age, to be excluded from participation in, to be denied the benefits of, or to be subjected to discrimination.

Unlike the ADEA which covers only persons age 40 to 70, the ADA applies to all ages. If a program is by law specifically designed for a particular age group then those age restrictions would not be prohibited.

If you believe a program has discriminated against you based on age, you should file a complaint with the program, the Dept. of Health and Human Services (HHS), and the Attorney General. This notice must state what violation occurred, when it occurred, and what remedy you would like. No money damages are available.

You may not file a lawsuit until the Attorney General, Dept. of HHS, and the program itself have determined whether age discrimination occurred, or if 180 days have passed without any decision.

Further information about the ADA is available at:

Dept. of HHS
Office for Civil Rights
601 East 12th Street, Room 248
Kansas City, MO 64106

Phones: 816-374-7277

816-374-7065

(for the hearing impaired)

3. *Kansas Age Discrimination in Employment Act*

The Kansas ADEA prohibits age discrimination in regard to hiring, firing, wages, training, and transfers. Persons between the ages of 40 and 70 are protected by the Act.

Employers having 4 or more employees are covered by this legislation. The Act also outlines what practices are not prohibited:

- a) a bona fide seniority system
- b) a bona fide occupational qualification
- c) a qualified retirement or pension system
- d) a mandatory retirement age of 70 years or above.

The Kansas Commission on Civil Rights investigates all complaints. Further information is available by calling or writing the Commission at:

214 West Sixth
Topeka, KS 66612
913-296-3206

B. GRANDPARENT'S RIGHTS

Today's grandparents are faced with new situations in part because they are living longer and in part because changes are occurring within the grandchild's family. The opportunity to visit grandchildren may be hampered by the death or divorce of a parent or by conflict between parent and grandparent.

Under Kansas law a grandparent has the right to obtain visitation rights when:

- 1) parents divorce. The divorce decree may include this provision or be modified later to allow visitation.
- 2) a parent dies. If the surviving spouse remarries and the grandchild is adopted by the new step-parent, visitation is still possible.
- 3) the child has been abused or neglected and custody awarded to someone other than the parent; or
- 4) the parents are still alive but visitation has been denied.

In all situations the court will look for a significant relationship between grandparent and grandchild and what would be best for the grandchild.

C. SMALL CLAIMS COURT

The District Court of each county in Kansas has a Small Claims Court to handle money or property disputes of less than \$500. Neither party in a small claims case may be represented by an attorney. You explain your side of the dispute to the judge in your own words or present your own witnesses. After hearing the evidence and asking some questions, the judge makes a decision.

Because the court procedure is simple and informal and because lawyers are not involved, settlement of a dispute may be achieved more cheaply and quickly in small claims court than in other actions. The judge's decision has the same legal effect as a decision in any other form of lawsuit.

Even if you win in small claims court, however, enforcing the judgment may prove difficult and time-consuming. So before you file a small claim, exhaust all of the non-legal remedies available. Here are some suggestions:

- 1) Call the person or business you have a complaint against and attempt to resolve the problem. Write down the date and time of your call and who talked to you. This

information may be useful if you must eventually file suit in small claims court.

- 2) Write to the person or business, describe your complaint, and state what settlement you think is fair. Include *copies* of receipts, warranties, contracts, correspondence, or other papers that support your *position* (always keep the originals). Keep a copy of your letter.
- 3) If your complaint is against a local business, contact the local Chamber of Commerce, the Better Business Bureau, and, if there is one, your local consumer protection agency. In many cases, they will be able to persuade the business to satisfy the complaint.

After you have tried all other avenues to resolve your differences, by all means, utilize the small claims court.

To file a suit, go to the county courthouse in the county where you live. If the transaction occurred in another county, you should file your suit in that county. The clerk of the small claims division of the district court will provide you with a simple form to fill out and will answer your questions regarding the procedure. You should have the exact name and address of the person you are suing when you fill out the form to file the case. You must also pay a filing fee of \$10. Before you leave, check to see that you know the docket number of your case, the time and date that your case will be heard, and the location of the courtroom where you will appear.

Here are some suggestions in preparing for your hearing:

- 1) Collect and organize all materials relevant to your complaint so that you can make a complete and orderly presentation of your case. Take all relevant documents to the hearing to show to the judge.
- 2) Think over and note what you want to say so that you can make a complete, but brief, statement of your argument.
- 3) Determine what witnesses, if any, you need to have testify at the hearing. Wit-

nesses may be subpoenaed (ordered by the judge to attend) if they refuse to appear voluntarily and are important to the case. You must request subpoenas several days before the hearing.

- 4) Check with the clerk before the hearing to find out whether the defendant has been served successfully with the summons to appear. If not, the clerk can advise you of your options and you may be able to obtain a postponement of the hearing.

Either side in the small claims court may appeal the decision to the District Court. If you are dissatisfied with the outcome in small claims court and wish to pursue an appeal, it would be advisable to seek the assistance of an attorney. If you appeal a small claims decision and lose an appeal, the court will order you to pay the attorney fees of the other party. This is a good reason to only appeal if you stand a good chance of winning.

If you win a judgment, contact the clerk for assistance regarding enforcement.

D. LIVING WILLS

In Kansas you have the right to make a written declaration instructing your physician to withhold or withdraw life-sustaining measures in the event of a terminal condition. This document is often called a "living will". The sample declaration set out in the Kansas statute contains the essential provisions of such a document. A copy of this declaration can be found in the Appendix.

You may write and sign the declaration before you have been diagnosed as terminally ill. However it will not take effect until your attending physician diagnoses a terminal condition. A copy of the declaration should be given to your physician. The doctor must comply with your wishes or transfer you to another physician for treatment.

When making a "living will" you must have it witnessed by 2 adults who are not related to you, not entitled to any part of your estate by will

or otherwise, nor financially responsible for your medical care. Two medical doctors must also provide written diagnoses that you are afflicted with a terminal condition. One of the doctors must be your attending physician.

If you later change your mind about your "living will" you can revoke it by destroying it or defacing it, by signing a document revoking the living will, or by saying that you intend to revoke it. You must have one adult witness present when you revoke the "living will".

E. PROTECTIVE SERVICES

1. Introduction

Since its origin protective services has acquired a variety of meanings. As it will be discussed in this booklet, protective services means the investigation of abused, neglected, or exploited adults.

The ultimate goal is to protect abused, neglected, or exploited individuals and, where possible, refer them to community-based services that will provide them with the necessary care and in some instances report the facility to the Department of Health and Environment, the licensing agency, or the State Long-Term Care Ombudsman.

2. Medical Facilities

Residents of medical facilities, nursing homes, and adult care homes should be protected from abuse and neglect by the caretaker of the facility. Doctors, social workers, nurses, or administrators of the facility are required to report suspected abuse to SRS. Any other person may also file a report with SRS or notify the State Long-Term Care Ombudsman if the abuse is in a nursing home or adult care facility. Every adult care home and adult family home must post a Notice of the reporting requirements and to whom reports should be made.

Within 48 hours of such a report SRS must begin an investigation. The information is com-

plied in a report which is sent to the Dept. of Health and Environment and, in some instances, the State Nursing Home Ombudsman.

A reported adult has the right not to consent to investigative and protective services. If a resident in need of protective services does not request it or, if unable to consent, SRS may seek court authorization to provide necessary services by petitioning the court for appointment of a guardian or conservator.

3. Non-Medical Facilities

If adults reside in their own homes, with relatives, or in other non-medical facilities the SRS staff may still investigate reports of abuse, neglect, or exploitation. Since there are no laws pertaining specifically to non-medical facilities any person has the right to refuse investigative and protective services. In the event that the person is thought to be unable to consent, SRS may seek appointment of a guardian or conservator.

4. Indications of Abuse, Neglect, or Exploitation

There are many signs which may indicate abuse, neglect, or exploitation. Some are found in the person's environment, physical appearance, or behavior. Other signs come from the family or caregiver.

Environment: The home may lack electricity, heat, water, or refrigeration. Medicines may not be clearly marked, may be outdated, or may have been prescribed by many different doctors. Unsanitary conditions or lack of food in the home may be further signs.

Behavior of the individual: Sudden changes in behavior, unwillingness to talk, or unjustified fear or suspicion may indicate a need for intervention. Failure to pay bills, depletion of a bank account for no apparent reason, or uncertainty about income and expenses are further indications.

Physical Appearance: Bruises, burns, fractures, swelling and untreated injuries are visible indi-

cations of possible abuse or neglect. Sudden weight loss or gain, dehydration, or malnutrition should also be noted. Inappropriate or inadequate clothing and overmedication may also necessitate an investigation.

Behavior of Family or Caregiver: The family may resent providing care or be unaware of the older person's condition. Refusing to allow visits by others or leaving the person unattended for long periods of time can also indicate abuse or neglect. The older family member may be exploited by being talked into paying bills, loaning money, or transferring property, insurance or savings. Prolonged intervals between injury and treatment, frequent changes in doctors, or inconsistent explanations of injuries should also be considered as possible signs of abuse or neglect.

F. POWER OF ATTORNEY

If you are confined to a hospital, have physical problems that make it difficult for you to get around, have a temporary illness that keeps you at home, or cannot easily find or afford convenient means of transportation, you may find it hard to take care of your personal business.

One way of handling this situation is to create a **POWER OF ATTORNEY**. A power of attorney exists when you (the "principal") give someone else (the "attorney in fact") written authority to do some act in your name. In Kansas, a power of attorney is created by a written document which must be signed and notarized. This document should state who the "principal" is, who the "attorney in fact" is, and describe what powers are being given to the attorney in fact.

You can give an attorney in fact authority to transact almost any personal business that may require your presence or signature. For example, you may want to give to someone else the power to deposit and withdraw money from your bank account (without making that person a joint owner with survivorship rights). It is a good idea to make the document as specific as possible in describing what authority is being given. If the document is too broad or general, it may

not be honored by a bank. Normally, the "attorney in fact" is not a lawyer but a friend or relative. If you are considering creating a power of attorney, remember that it can be used to your disadvantage. Therefore, you should be very careful in choosing the "attorney in fact".

A recent change in Kansas law allows a power of attorney to either take effect when you become incapacitated or incompetent or to continue being effective even though you are incompetent. Every power of attorney ends upon your death.

If you want to revoke the power of attorney you should provide written notification to the attorney in fact and any business where the attorney in fact has been dealing upon your behalf. It is always best to have the documents which created the power of attorney returned to you.

G. GUARDIANSHIP AND CONSERVATORSHIP

While it is true that many guardianships deal with children who are without parents, guardianships can also involve adults. When you become incapable of caring for yourself and managing your personal affairs as the result of an illness, accident or advanced age, you can be the subject of a guardianship or conservatorship action.

In Kansas a **GUARDIAN** is appointed by the court to care for your personal needs. When you need to have your money and property overseen, the court appoints a **CONSERVATOR**.

There must be a proceeding in a local court to show the need and prove your incapacity. The procedure for having a guardian or conservator appointed is as follows:

- 1) A petition is filed which requests appointment of a guardian and/or conservator.
- 2) You are notified that a petition has been filed, that a hearing will be held, and that you have the right to have a lawyer. A lawyer can be appointed on your behalf.
- 3) A hearing is then held. If incompetency is

determined, a guardian or conservator is appointed.

Usually a friend or relative over the age of 21 who lives in Kansas (and often whoever filed the petition) will be appointed guardian or conservator.

If you are notified that someone has filed a petition seeking to obtain guardianship or conservatorship over you, and you do not want this to happen, you should remember that you have the **RIGHT TO CHALLENGE THE PROCEDURE**. You have the right to a court-appointed attorney and to a jury trial. You can have your own doctor testify and your lawyer can ask questions of the witnesses against you.

If you wish to become guardian over someone else, remember that you may have to (1) pay for all of the court costs involved in the proceed-

ings; (2) hire a lawyer; and (3) post a bond. Once appointed, you become responsible for your ward and may use any assets only for maintenance and valid expenses.

If you are the conservator for someone you must keep accurate records in order to complete the annual report which must be filed with the court.

A guardianship or conservatorship can be ended in one of several ways. First, if the ward dies the guardianship ends; if the conservee dies the conservatorship ends; or if the property is exhausted, the conservatorship over the property ends. Also, you can request that the court redetermine your competency. A new hearing will be held and new evidence will be considered. If the court finds that competency has been restored, the guardianship or conservatorship will be ended.

ESTATE PLANNING

A. INTRODUCTION

Your estate consists of everything you own: your home, personal property, car, land, stocks and bonds, life insurance, and any other property in which you have an ownership interest. Estate planning is a plan for how you will acquire property, use it, conserve it, and, perhaps most importantly, how it will be transferred at your death.

There is no way to determine your wishes regarding distribution of your property after your death unless you take appropriate steps prior to your death. Estate planning can be beneficial no matter what the size of the estate.

B. PROBATE

Probate is a legal procedure for settling the decedent's estate. It is a process by which the court validates the will if there is one; grants authority to the executor or appoints an administrator if there is no will; assures payment of taxes; oversees distribution of the property; and provides for legal transfer of ownership of the property.

All property is subject to probate proceedings, whether or not there is a will, except for property owned in joint tenancy, a living trust, a payable on death account, or life insurance proceeds for a named beneficiary. That property passes automatically to the joint tenant or designated beneficiary, although it is subject to inheritance and estate taxes.

A regular probate proceeding takes a minimum of 9 months to complete. There are some simplified, less time-consuming proceedings that may be used in certain cases. The expense of the probate proceeding depends upon the complexity and value of the estate. Fees for the attorney and executor or administrator will also be charged.

C. WILLS

1. Requirements

In Kansas a valid will must comply with these requirements:

- 1) The maker, called the testator, must be at least 18 years old;
- 2) The testator must be of sound mind at the time the will is prepared;
- 3) The will must be properly prepared and signed by the testator or a representative;
- 4) The will must be witnessed by at least 2 people who will not receive any property under the will.

A will should name an executor who will administer and settle the estate. The job includes paying all your debts and taxes out of the estate assets as well as distributing the estate according to your wishes. It is always best to name an alternate executor to serve in the event your first choice cannot serve.

2. Distributing Property

Generally Kansas law allows you to distribute property as you desire. One major restriction is that a spouse has an absolute right to at least half of the estate. If the will is written to give a spouse less than one half, that spouse must agree to the smaller share of the estate.

Property which is owned in "joint tenancy with the right of survivorship" cannot be distributed by will. The surviving joint tenant or tenants automatically become the owner(s) of the property.

3. Joint Ownership as a Will Substitute

Because jointly owned property does not pass through probate you may be tempted to use

joint ownership to distribute your estate instead of a will. This may not be a wise decision. Joint ownership gives another person equal control of the property *during your lifetime*. For example, a joint owner of your bank account can withdraw money while you are still living, without your permission, even though you intended that person to have the money after your death.

4. *Revoking or Changing a Will*

A will that meets all of the requirements is good until it is changed or revoked by you. This may be done by writing a new will or by writing an amendment (a codicil) to your current will. The document must be signed with all the formalities of the original will.

You may also revoke a will by burning, tearing, destroying, or marking through it with the intent of revoking it. Marriage, divorce, and birth or adoption of a child also have an effect on your will by either revoking it entirely or only as to the divorced spouse's share.

5. *Dying Without a Will*

If you die without a valid will, which is called dying **INTESTATE**, all of your property, other than what is held jointly, will be distributed among the surviving relatives according to Kansas law. Your estate will be divided into various portions depending on whether a spouse, children, parents or other categories of relatives survive.

D. ESTATE AND INHERITANCE TAXES

An **ESTATE TAX** is imposed by the Federal government on the value of all property owned at death or certain property transferred before death. As of January, 1984, you must have a taxable estate of more than \$325,000 before any tax will be imposed. Various deductions are subtracted from your gross estate in order to determine your taxable estate. The most signif-

icant is the marital deduction which allows you to leave your spouse part of your estate and deduct its value from the gross estate.

An **INHERITANCE TAX** is imposed by the State of Kansas upon the privilege of receiving property. It is paid by those who receive your property after your death. Kansas law allows exemptions for jointly owned property and depending on the relationship to the deceased, a dollar amount which can be inherited without any tax accruing.

E. TRUSTS

A trust is a legal arrangement made during your life where property is held by one person for the benefit of another. The person creating the trust is called the **TRUSTOR**. The person who manages the trust property is called the **TRUSTEE** and the person receiving benefits from the trust is called the **BENEFICIARY**. The terms of the trust are written out in a legal document known as a **TRUST INSTRUMENT**.

A **LIVING TRUST** is one which takes effect during the trustor's lifetime. Property placed in the trust does not pass through probate. Upon the trustor's death, the property passes automatically to the beneficiary. Some people prefer to use a living trust instead of a will as a means of avoiding the time, expense, and public nature of probate proceedings.

Another advantage of a living trust is that it allows the trustor to name someone else to manage the trust assets. This can be useful if you are incapacitated and want to be relieved of the responsibility of managing property placed in the trust.

F. PAYABLE ON DEATH ACCOUNTS

This type of account may be established at various financial institutions. It provides for the balance of your account to be transferred to a

named beneficiary upon your death. The transfer of funds is not subject to probate proceedings.

You may withdraw funds from the account and change the designation of the beneficiary at any time. The beneficiary cannot withdraw funds from the account until your death.

G. REAL ESTATE TRANSFERS

You may decide to sell or give away your property for various reasons: for extra income or to help your family avoid paying inheritance or estate taxes.

Consideration should be given to several effects of such transfers:

- 1) If you add a name to the deed as a joint tenant you will not be able to sell the property later without that person's permission.
- 2) If you remove your name from the property you can be forced to move out by the person whose name is on the deed.
- 3) If you give away or sell your property for less than what it is worth you could become ineligible for some public benefit programs.

SEEKING LEGAL ASSISTANCE

A. PRIVATE ATTORNEY

In selecting a private attorney there are several steps that should be taken:

- a) decide what kind of legal assistance you need;
- b) ask friends and relatives for names of likely candidates;
- c) talk with each candidate;
- d) compare their answers, fees, and professional and personal qualities;
- e) choose the one you can trust to handle your affairs competently.

Ask the attorneys about their legal experience, fees, billing procedure, and how they will keep you advised of the progress of your case.

B. LAWYER REFERRAL SERVICE

If you want to hire an attorney in private practice but do not know whom to contact, you may want to use the Statewide Lawyer Referral Service. It is a public service program sponsored by the Kansas Bar Association.

By calling the toll-free number you can either be given the name of an attorney in your area or have an appointment set up for you. You will be allowed an initial consultation with that attorney of up to one-half hour for a fee of \$15.00.

The toll-free number is 1-800-432-3593. Persons in Topeka should call 233-4322.

C. LEGAL SERVICES FOR SENIOR CITIZENS

When you have a legal question or need representation you may want to contact the legal service project listed in the Appendix of this handbook. These projects are funded mainly through the Older Americans Act and are staffed by attorneys knowledgeable about senior citizens' problems.

The services are provided to persons age 60 and over who are in economic or social need.

Even if you are not in economic or social need they will consult with you to help you decide whether your problem requires the services of an attorney. If you cannot go to the office or interviewing location the project will make a home visit.

KANSAS AGING NETWORK

A. AREA AGENCIES ON AGING (AAAs)

There are 11 AAAs in Kansas, each encompassing a designated geographical area. These agencies have the primary task of planning and coordinating services and programs for persons age 60 and over in their areas. Among the services provided are nutrition, legal services, transportation, education, home services, health screening, and friendly visiting.

and operate in conjunction with the Area Agencies. I & R staff provide information about community programs, public assistance, and retirement benefits. They also link people with the appropriate helping agency. Each I & R program is designed to meet the needs of older Kansans living in their service area and therefore programs differ from area to area.

B. INFORMATION AND REFERRAL PROGRAMS (I & R)

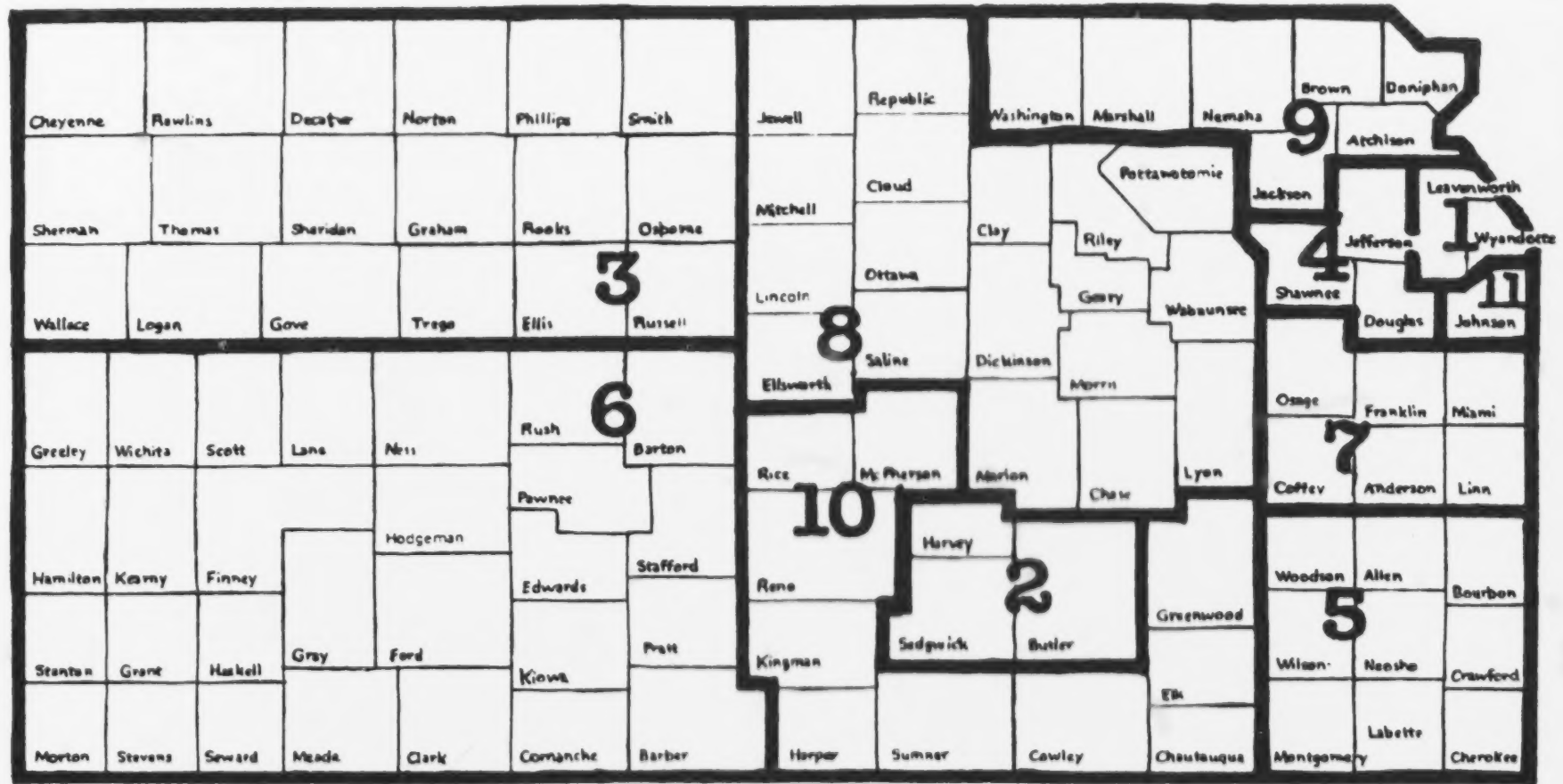
I & R programs are located throughout Kansas

C. LEGAL SERVICES PROJECTS

See Section IX. C. The map and addresses in the Appendix will help you locate the AAA, I & R, and Legal Service Project serving your area.

APPENDIX

Planning & Service Areas



BEST COPY AVAILABLE

-45-

AREA AGENCIES ON AGING

PSA #01

Wyandotte-Leavenworth Counties
Area Agency on Aging
9400 State Line
Kansas City, KS 66112
913-778-7820

PSA #02

Central Plains Area
Agency on Aging
510 North Main-Room 306
Wichita, KS 67203
316-268-7298

PSA #03

Northwest Kansas Area
Agency on Aging
301 West 13th
Hays, KS 67601
1-800-432-7422

PSA #04

Jayhawk Area Agency on Aging
1195 Buchanan—Suite 103
Topeka, KS 66604
913-235-1367

PSA #05

Southeast Kansas Area
Agency on Aging
1500 West 7th
P.O. Box 269
Chanute, KS 66720
1-800-432-0136

PSA #06

Southwest Kansas Area
Agency on Aging
P.O. Box 1636
Dodge City, KS 67801
1-800-742-9531

PSA #07

Mid-America Council on Aging
1610 South Main
Ottawa, KS 66067
913-242-7200

PSA #08

North Central Flint Hills
Area Agency on Aging
2601 Anderson
Manhattan, KS 66502
1-800-432-2703

PSA #09

Northeast Kansas Area
Agency on Aging
107 Oregon West
P.O. Box 456
Hiawatha, KS 66434
913-742-7152 or 7253

PSA #10

South Central Kansas Area
Agency on Aging
P.O. Box 1122
Arkansas City, KS 67005
316-442-0268

PSA #11

Department of Human Resources
and Aging Department
130 N. Cherry
Olathe, KS 66061
913-764-7108

INFORMATION & REFERRAL COORDINATORS

PSA #01

Wyandotte County Area
Agency on Aging
9400 State Line
Kansas City, KS 66112
913-573-5390

Leavenworth County Council
on Aging
525 Shawnee
Leavenworth, KS 66048
913-651-6555

PSA #02

Central Plains Area
Agency on Aging
510 North Main—Room 306
Wichita, KS 67202
316-268-7824

PSA #03

Northwest Kansas Area
Agency on Aging
301 West 13th
Hays, KS 67601
913-628-8204
1-800-432-7422

PSA #04

Jayhawk Area
Agency on Aging
1195 Buchanan, Suite 103
Topeka, KS 66604
913-235-1367

PSA #05

Southeast Kansas Area
Agency on Aging
1500 West 7th
Chanute, KS 66720
316-431-2980, 1-800--432-0136

PSA #06

Southwest Kansas Area
Agency on Aging
P.O. Box 1636

Dodge City, KS 67801
316-225-0510
1-800-742-9531

PSA #07

Mid-America Council on Aging
1610 South Main
Ottawa, KS 66067
913-242-7200

PSA #08

North Central/Flint Hills Area
Agency on Aging
2601 Anderson
Manhattan, KS 66502
913-776-9294
1-800-432-2703

PSA #09

Northeast Kansas Area
Agency on Aging
107 Oregon West
Hiawatha, KS 66434
913-742-7152

Legal Services of N.E. Kansas
222 E. 13th
Horton, KS 66439
913-486-2848

PSA #10

South Central Kansas Area
Agency on Aging
P.O. Box 1122
Arkansas City, KS 67005
316-442-0268

PSA #11

Johnson County TAPline
130 N. Cherry
Olathe, KS 66061
913-764-7007

LEGAL SERVICES PROJECTS FOR THE ELDERLY

PSA #01

Senior Citizen Law Project
Wyandotte County Legal Aid
907 N. 7th Street, Suite 909
Kansas City, KS 66101
913-621-0200

Leavenworth County
525 Shawnee
Leavenworth, KS 66048
913-651-6555

PSA #02

Senior Citizen Law Project
502 Century Plaza Bldg.
111 West Douglas
Wichita, KS 67202
316-265-9681, 1-800-432-7422

PSA #03

Hays Legal Services
1201 Fort
Hays, KS 67601
913-625-4514

PSA #04

Jayhawk Legal Services for
Senior Citizens
Legal Aid Society of Topeka
112 West 6th Street
Topeka, KS 66603
913-354-8531

PSA #05

Southeast Kansas Elderly Law Project
Legal Services of Southeast Kansas
P.O. Box 1509
Pittsburg, KS 66762
316-232-1330

PSA #06

Kansas Rural Legal Services
for Senior Citizens
207 Gunsmoke Street
Dodge City, KS 67801
316-227-7411, 1-800-362-9009

PSA #07

Mid-America Legal Assistance
for Senior Citizens
1610 South Main
Ottawa, KS 66067
913-242-7200

PSA #08

Flint Hills Legal Services
for Senior Citizens
2601 Anderson
Manhattan, KS 66502
913-539-0343

PSA #09

Legal Services of Northeast
Kansas
222 E. 13th
Horton, KS 66439
913-486-2848

PSA #10

Senior Citizens Law Project
P.O. Box 1122
Arkansas City, KS 67005
316-442-0268

PSA #11

Kansas Legal Services for
Older Adults
609 S. Fir
Olathe, KS 66061
913-764-8585

main office address for PSA06:
Southwest Ks. Senior Citizen Law Project
118 1/2 Grant Avenue
Garden City, Kansas 67846
316-275-0238
1-800-362-9009

TELEPHONE NUMBERS

MEDICAL

Blue Cross/Blue Shield of Topeka	1-800-432-3531
Blue Shield of Kansas City	1-800-892-5900
Medicare	1-800-432-3960
Second Opinion Surgery Hotline	1-800-324-6400
Medical Referrals	1-800-432-6400
Hill-Burton Hotline	1-800-638-0742
Natl. Organization of Social Security Claimants	1-800-432-2804
Kansas Dept. of Health and Environment	1-913-862-9360
Kansas Nursing Home Assc.	1-913-233-3343
Hearing Aid Helpline	1-800-521-5247
Cancer Hotline	1-800-638-6694
Kansas Dental Association	1-800-432-3583

AGING SERVICES

Kansas Dept. on Aging	1-800-432-3535
Social Security	1-800-432-3960
Social and Rehabilitation Services (SRS)	1-800-432-2396
SRS Fraud Hotline	1-800-432-3913
Veterans Administration	1-800-362-2444
North Central/Flint Hills Area Agency	1-800-432-2703
Northwest Kansas Area Agency	1-800-432-7422
Southwest Kansas Area Agency	1-800-742-9531

LEGAL

Lawyer Referral	1-800-432-3593
Housing Discrimination Hotline	1-800-424-8590
Internal Revenue Service	1-800-424-1040
VITA (Taxes)	1-800-362-2190
Interstate Commerce Commission	1-800-424-9312

ENERGY/CONSUMER

Consumer Affairs Division	1-800-424-2484
Consumer Fraud Hotline	1-800-424-5454
Consumer Product Safety Comm.	1-800-638-2666
Energy Hotline	1-800-424-9246
Environmental Protection Agency	1-800-821-3714
Kansas Comm. of Insurance	1-800-432-2484
Kansas Energy Office	1-800-432-3537
Kansas Governor's Office	1-800-432-2487
Kansas Legislature	1-800-432-3924

CHECKLIST FOR VISITING A NURSING HOME

<i>Physical Characteristics</i>	<i>Yes</i>	<i>No</i>
1. Is the home clean and odor free?		
2. Are the hallways wide enough for two wheelchairs?		
3. Are the bathrooms close to the rooms and equipped with handrails?		
4. Does the bedroom have a window, closet and reading light?		
5. Are the residents' rooms individualized—can they have some of their own belongings?		
6. Is there a nurse call device and fresh water by each bed?		
7. Are nurse summonses answered promptly?		
8. Is the dining room easy for residents to reach and move around in?		
9. Is assistance in eating provided for those who need it?		
10. Is the food nourishing, appetizing and varied?		
11. Is the kitchen area clean?		
12. Is there a general activity room for residents?		
13. Is this room equipped for the resident's activities?		
14. Are barbers and beauticians available?		
15. Can the residents' physical therapy needs be met?		
16. Has a plan been established to secure physicians in case of emergency?		
17. Have arrangements been made with a hospital for use in an emergency?		
18. Does the home have a fire alarm system?		
19. Does the home have a sprinkler system?		
20. Does the home have a written evacuation plan?		

<i>General Characteristics</i>	<i>Yes</i>	<i>No</i>
1. Is the nursing home licensed?		
2. Does the home's administrator have a license?		
3. Is the home certified to participate in Medicaid/Medicare?		
4. Can the home provide the level of care needed by the future resident?		
5. Are the staff courteous and cheerful?		
6. Are the other residents dressed and out of their rooms if well enough?		
7. Do other residents and visitors speak well of the home?		
8. Does the home have a written statement of the patients' rights and do they appear to be abiding by them?		
9. Are activities planned for the residents?		
10. Have the residents established a governing body to offer advice to the home's administrator?		

DECLARATION

Declaration made this ____ day of _____
_____ (month, year).

I, _____, being of sound mind, willfully and voluntarily make known my desire that my dying shall not be artificially prolonged under the circumstances set forth below, do hereby declare:

If at any time I should have an incurable injury, disease, or illness certified to be a terminal condition by two physicians who have personally examined me, one of whom shall be my attending physician, and the physicians have determined that my death will occur whether or not life-sustaining procedures are utilized and where the application of life-sustaining procedures would serve only to artificially prolong the dying process, I direct that such procedures be withheld or withdrawn, and that I be permitted to die naturally with only the administration of medication or the performance of any medical procedure deemed necessary to provide me with comfort care.

In the absence of my ability to give directions regarding the use of such life-sustaining procedures, it is my intention that this declaration shall be honored by my family and physician(s) as the final expression of my legal right to refuse medical or surgical treatment and accept the consequences from such refusal.

I understand the full import of this declaration and I am emotionally and mentally competent to make this declaration.

Signed _____

Address _____

The declarant has been personally known to me and I believe him or her to be of sound mind. I did not sign the declarant's signature above for or at the direction of the declarant. I am not related to the declarant by blood or marriage, entitled to any portion of the estate of the declarant according to the laws of intestate succession or under any will of the declarant or codicil thereto, or directly financially responsible for declarant's medical care.

Witness _____

Address _____

Witness _____

Address _____

HILL-BURTON FACILITIES

<i>City</i>	<i>Facility</i>	<i>Obligation Continues Until</i>
Baldwin	Orchard Lane	03/89
Belleville	Republic County Hospital	03/89
Beloit	Mitchell Co. Comm. Hospital	03/92
Bonner Springs	Los Cinco Pueblos Health Center	05/97
Coffeyville	Coffeyville Memorial Hospital	04/92
Concordia	St. Joseph Nursing Home	12/97
Dighton	Lane County Hospital	07/90
El Dorado	Susan B. Allen Memorial Hospital	05/89
Fowler	Fowler Nursing Home	06/97
Garnett	Anderson County Hospital	10/89
Goodland	NW Kansas Medical Center	04/92
Hanover	Washington Co. Hosp. Dist. #1	05/90
Hays	High Plain Comp. Ment. Hlth. Ctr.	09/97
Jetmore	Hodgeman Co. Health Center	07/90
Junction City	Geary County Hospital	06/87
Kansas City	Bethany Med. Center	02/97
Kansas City	Douglass Nursing Home	04/94
Kansas City	Wyan. Co. Health Clinic	02/91
Kansas City	Providence St. Margarets	07/99
Kansas City	Univ. of Kansas Med. Center	11/88
Lawrence	Lawrence Memorial Hospital	07/97
Lincoln	Lincoln County Hospital	12/91
Mankato	Jewell County Hospital	02/88
McPherson	Memorial Hospital	03/92
Minneapolis	Ottawa County Conv. Hospital	05/86
Newton	Bethel Deaconess Hospital	09/87
Norton	Norton County Hospital	03/90
Oberlin	Decatur Co. Hospital LTCU	08/94
Ottawa	Ransom Memorial Hospital	11/96
Parsons	Labette Co. Medical Center	09/97
Phillipsburg	Phillips County Hospital	07/89
Pittsburg	Mt. Carmel Med. Center	05/91
Plainville	Plainville Rural Hospital	02/89
Salina	Asbury Hospital	11/90
Salina	St. Johns Hospital	04/91
Shawnee Mission	Shawnee Mission Med. Center	08/92
Smith Center	Smith County Memorial Hospital	02/92
Syracuse	Hamilton County Hospital	11/93
Topeka	Capper Cripple Children	09/87
Topeka	St. Francis Hospital Med. Center	01/91
Topeka	State Health Lab.	02/96
Topeka	Stormont Vail Hospital	04/91
Wakeeney	Trego Co. Lemke Memorial	08/86

Washington	Washington Co. Hospital	07/90
Wellington	Cedar View Hospital	02/86
Wellington	St. Lukes Hospital	08/91
Wichita	Family Practice Center	12/92
Wichita	St. Joseph Med. Center	07/98
Wichita	Wesley Med. Center	02/98
Wichita	Wichita Sedgwick PHC	12/97
Winfield	William Newton Memorial Hospital	02/86
Winfield	Winfield State Hospital	12/86